

## Professional Services Fee Schedule HCPCS Level II Fees

Effective for Dates of Service on or After

**October 1, 2020** 

To Skip The Keys

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## HCPCS LEVEL II FEES FIELD KEY:

Column Title	Column Description	Column Values	Value Definitions
CPT <sup>®</sup> CODE/ HCPCS CODE	2019 CPT <sup>®</sup> or HCPCS code		2019 CPT <sup>®</sup> or HCPCS code
ABBREVIATED DESCRIPTION	Abbreviated HCPCS code description. No descriptions are provided for CPT <sup>®</sup> codes.		Abbreviated description for reference purposes only.  Refer to a 2019 CPT® or HCPCS code book for complete code descriptions.
		Dollar Value	Maximum dollar amount payable for covered services.
	This column indicates the:	Bundled	Bundled code, not separately payable.
	Maximum dollar amount for covered	By Report	Service paid on a "by report" basis.
DOLLAR VALUE NON-FACILITY SETTING	services provided in a non-facility setting, or • Pricing method for the procedure code, or • Coverage status for the procedure code.	Contracted	Contracted service. Payable only to department's contracted vendor for State Fund claims. Payable to providers treating Self-Insured injured workers.
		Facility Only	Procedure code for facility outpatient use only.
		Not Covered	Procedure code is not covered.
DOLLAR VALUE FACILITY SETTING	This column indicates the:  • Maximum dollar amount for covered services provided in a facility setting, or  • Pricing method for the procedure code, or  • Coverage status for the procedure code.		See "Dollar Value – Non-Facility Setting" above, for column values and definitions.



Column Title	Column Description	Column Values	Value Definitions						
FOL UP	Follow-up Days for Global Surgery	Number	The number of days following surgery during which charges for normal postoperative care are bundled in the global surgery fee.						
PRE OP (-56)	Preoperative Percentage (Modifier –56)	Percent	The percent of the total global surgery dollar value that is allowed when modifier –56 is billed.						
INTRA OP (-54)	Intraoperative Percentage (Modifier –54)	Percent	The percent of the total global surgery dollar value that is allowed when modifier -54 is billed.						
POST OP (-55)	Postoperative Percentage (Modifier –55)	Percent	The percent of the total global surgery dollar value that allowed when modifier -55 is billed.						
		0	<b>Modifiers -26 and -TC are </b> <i>not valid</i> . The procedure is for physician services only; the concept of PC/TC does not apply						
PCTC (26/TC)	Professional and Technical Component (Modifiers –26 and –TC) This field identifies whether professional and technical component modifiers (-26/-	1	<b>Modifiers -26 and -TC are </b> <i>valid</i> <b>.</b> Diagnostic test or radiology service which has both a professional and technical component.						
	TC) are valid with the procedure code.	2	Modifiers -26 and -TC are not valid. Stand alone code for the professional component of a diagnostic test. An associated code describes the technical component of the diagnostic test or the global procedure (professional and technical components).						



Column Title	Column Description	Column Values	Value Definitions
		3	<b>Modifiers -26 and -TC are </b> <i>not valid</i> . Stand alone code for the technical component of a diagnostic test. An associated code describes the professional component of the diagnostic test or the global procedure (professional and technical components).
PCTC	Professional and Technical Component (Modifiers –26 and –TC)	4	Modifiers -26 and -TC are not valid. Stand alone code for the global procedure for a diagnostic test. Associated codes describe the professional and technical components of the diagnostic test.
(26/TC) CONTINUED	This field identifies whether <b>professional</b> and technical component modifiers (-26/-TC) are valid with the procedure code.	5	Modifiers -26 and -TC are not valid. Covered service incident to a physician's service when provided by auxiliary personnel employed by and working under the direct supervision of the physician. This service not payable when provided to hospital inpatients or outpatients.
		6	Modifier -TC is not valid; modifier -26 may be valid. Clinical laboratory or other service for which separate payment for interpretations by laboratory physicians or other physicians may be made.



Column Title	Column Description	Column Values	Value Definitions
		7	This indicator is not currently in use.
PCTC (26/TC) CONTINUED	Professional and Technical Component (Modifiers –26 and –TC) This field identifies whether <b>professional</b> and technical component modifiers (-26/-TC) are valid with the procedure code.	8	Professional component of a clinical laboratory code; payable <i>only</i> if the physician interprets an abnormal smear for a hospital inpatient. <b>No -TC modifier billing is recognized</b> ; payment for the underlying clinical laboratory test is made to the hospital. <i>Not payable when furnished to hospital outpatients or non-hospital patients.</i>
		9	<b>Modifiers -26 and -TC are </b> <i>not valid</i> . Concept of a professional/technical component split does not apply.
		0	<b>Modifier -51 is </b> <i>not valid</i> . Payment adjustment rules for multiple surgeries do not apply.
		1	This indicator is not currently in use.
	Multiple Surgery Indicator (Modifier –51)	2	<b>Modifier -51 is </b> <i>valid</i> . Standard multiple surgery payment policy applies (100%, 50%, 50%, 50%, 50%).
MSI	This field indicates whether multiple surgery payment rules apply to the service.	3	<b>Modifier -51</b> <i>may be valid</i> . Multiple endoscopic procedures payment policy applies if this service is billed with another endoscopy in the same family.
		4	This indicator is not currently in use.
		5	This indicator is not currently in use.
		9	<b>Modifier -51 is </b> <i>not valid</i> . Concept of multiple surgery does not apply.



Column Title	Column Description	Column Values	Value Definitions
		0	<b>Modifier -50 is </b> <i>not valid</i> . Payment adjustment rule for bilateral surgery does not apply.
		1	<b>Modifier -50 is </b> <i>valid</i> . Payment adjustment for bilateral procedures (150%) applies to this procedure.
BSI	Bilateral Surgery Indicator (Modifier –50) This field indicates whether the procedure is subject to a payment adjustment for bilatera surgery.	2	Modifier -50 is not valid. Payment adjustment for bilateral procedures does not apply. Procedures in this category include services for which the code descriptor specifically states that the procedure is bilateral; procedures that are usually performed as bilateral procedures; or procedures for which the code descriptor indicates the procedures may be performed either unilaterally or bilaterally.
		3	<b>Modifier -50 is </b> <i>not valid</i> <b>.</b> Payment adjustment for bilateral procedure does not apply. This is a radiology procedure which is not subject to payment rules for bilateral surgeries.
		9	<b>Modifier -50 is </b> <i>not valid</i> . Concept of bilateral surgery does not apply.



Column Title	Column Description	Column Values	Value Definitions
	Assistant Surgeon Indicator	0	Modifiers -80, -81 and -82 are not valid under normal situations. Assistant at surgery is not usually paid for this procedure. Supporting documentation is necessary to establish medical necessity.
ASI	(Modifiers –80, -81, -82) This field indicates whether or not an assistant surgeon may be paid for the procedure.	1	Modifiers -80, -81 and -82 are not valid. Assistant at surgery may not be paid for this procedure.
	procedure.	2	Modifiers -80, -81 and -82 are valid. Assistant at surgery may be paid.
		9	Modifiers -80, -81 and -82 are not valid. Concept does not apply.
		0	Modifier -62 is not valid. Co-surgeons not permitted.
	Co-surgeons Indicator (Modifier –62)	1	Modifier -62 is not valid under normal situations.  Supporting documentation is required to establish medical necessity of two surgeons.
CSI	This field indicates whether or not co- surgeons may be paid for the procedure.	2	<b>Modifier -62 is </b> <i>valid</i> . Co-surgeons may be paid for this procedure. Supporting documentation is not required if two specialty requirement is met.
		9	Modifier -62 is not valid with this procedure. Concept of co-surgeons does not apply.



Column Title	Column Description	Column Values	Value Definitions
		0	Modifier -66 is <i>not valid</i> . Team surgeons not permitted.
TSI	Team Surgeons Indicator (Modifier -66) This field indicates whether or not team surgeons may be paid for the procedure.	1	Modifier -66 is not valid under normal situations.  Team surgeons may be payable. Supporting documentation is required to establish medical necessity of a team.
	cargodile may be paid for the procedure.	2	Modifier -66 is valid. Team surgeons permitted.
		9	<b>Modifier -66 is not valid.</b> Concept of team surgery does not apply.
ENDO BASE	Endoscopy Base Code	Code number	This column contains the endoscopic base code for procedure codes that are part of an endoscopy family. The Multiple Surgery Indicator for procedures in an endoscopy family is 3.
		В	Bundled code, not separately payable.
		С	Contracted service. Payable only to department's contracted vendor for State Fund claims. Payable to providers treating Self-Insured injured workers.
FSI	Fee Schedule Indicator This column indicates the payment status	D	Drug fee based on Average Wholesale Price (AWP) or Average Average Wholesale Price (AAWP).
	for the procedure code.	F	Flat fee developed by the department
		L	Clinical lab fee
		N	No fee or RVUs available, code paid by report.
		0	For hospital outpatient use only.
		R	RBRVS fee
		S	State Rate
		I V	Tracking code
		X	Non-covered code



Column Title	Column Description	Column Values	Value Definitions
LIC	Licensure Required	Y	Appropriate professional licensure is required to bill the department for these codes.
REQ	Licensure Nequired	blank	No special professional licensure is required to bill the department.
PRIOR AUTH	Prior authorization indicator This column indicates whether prior	Y	Prior authorization required
	authorization and utilization review is required.	Y-UR	Prior authorization and UR required



## **HCPCS Level II Fees**

	DOLLAR VALUE						М	ODIFIERS	3								
HCPCS		NON-FACILITY	FACILITY			INTRA OP			MSI	BSI	ASI	CSI		<b>ENDO</b>			PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	<i>(-</i> 56)	(-54)	(-55)	(26/TC)	(-51)	(-50)	(-80)	(-62)	(-66)	BASE	FSI	LIC REQ	AUTH
A0021	Outside state ambulance serv	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
A0080	Noninterest escort in non er	\$1.49	\$1.49	0	0%	0%	0%	9	9	9	9	9	9		F		
A0090	Interest escort in non er	\$0.54	\$0.54	0		0%	0%	9			9	9	9		F		
A0100	Nonemergency transport taxi	\$7.22	\$7.22	0	0%	0%	0%	9	9	9	9	9	9		F		
A0110	Nonemergency transport bus	\$28.70	\$28.70	0	0%	0%	0%	9	9	9	9	9	9		F		
A0120	Noner transport mini-bus	\$7.11	\$7.11	0	0%	0%	0%		9	9	9	9	9		F		
A0130	Noner transport wheelch van	\$11.45	\$11.45	0	0%	0%	0%	9	9	9	9	9	9		F		
A0140	Nonemergency transport air	\$2.99	\$2.99	0	0%	0%	0%	9	9	9	9	9	9		F		
A0160	Noner transport case worker	\$0.60	\$0.60	0	0%	0%	0%	9	9	9	9	9	9		F		
A0170	Transport parking fees/tolls	\$0.29	\$0.29	0	0%	0%	0%	9	9	9	9	9	9		F		
A0180	Noner transport lodgng recip	\$57.98	\$57.98	0	0%	0%	0%		9	9	9	9	9		F		
A0190	Noner transport meals recip	\$14.97	\$14.97	0	0%	0%	0%	9	9	9	9	9	9		F		
A0200	Noner transport lodgng escrt	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
A0210	Noner transport meals escort	\$12.97	\$12.97	0	0%	0%	0%	9	9	9	9	9	9		F		
A0225	Neonatal emergency transport	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
A0380	Basic life support mileage	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		В		
A0382	Basic support routine suppls	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		В		
A0384	Bls defibrillation supplies	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		В		
A0390	Advanced life support mileag	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		В		
A0392	Als defibrillation supplies	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		В		
A0394	Als iv drug therapy supplies	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		В		
A0396	Als esophageal intub suppls	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		В		
A0398	Als routine disposble suppls	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		В		
A0420	Ambulance waiting 1/2 hr	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		В		
A0422	Ambulance 02 life sustaining	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		В		
A0424	Extra ambulance attendant	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		В		
A0425	Ground mileage	\$14.31	\$14.31	0	0%	0%	0%	9	9	9	9	9	9		F		
A0426	Als 1	\$708.68	\$708.68	0	0%	0%	0%	9	9	9	9	9	9		F		
A0427	Als1-emergency	\$735.55	\$735.55	0	0%	0%	0%	9	9	9	9	9	9		F		
A0428	Bls	\$387.13	\$387.13	0	0%	0%	0%	9	9	9	9	9	9		F		
A0429	Bls-emergency	\$619.42	\$619.42	0	0%	0%	0%	9	9	9	9	9	9		F		
A0430	Fixed wing air transport	\$6,320.43	\$6,320.43	0	0%	0%	0%	9	9	9	9	9	9		F		
A0431	Rotary wing air transport	\$7,348.41	\$7,348.41	0	0%	0%	0%	9	9	9	9	9	9		F		
A0432	Pi volunteer ambulance co	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
A0433	Als 2	\$1,064.63	\$1,064.63	0	0%	0%	0%	9	9	9	9	9	9		F		
A0434	Specialty care transport	\$1,258.19	\$1,258.19	0	0%	0%	0%	9	9	9	9	9	9		F		
A0435	Fixed wing air mileage	\$35.17	\$35.17	0	0%	0%	0%	9	9	9	9	9	9		F		
A0436	Rotary wing air mileage	\$81.73	\$81.73	0	0%	0%	0%	9	9	9	9	9	9		F		
A0888	Noncovered ambulance mileage	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
A0998	Ambulance response/treatment	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
A0999	Unlisted ambulance service	By Report	By Report	0	0%	0%	0%				9	9	9		N		
A4206	1 cc sterile syringe&needle	Bundled	Bundled	0	0%	0%	0%	9			9	9	9		В		



		DOLLA	R VALUE					ODIFIERS							-		
HCPCS CODE	ABBREVIATED DESCRIPTION	NON-FACILITY SETTING	FACILITY SETTING	FOL UP	PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	<i>PCTC</i> (26/TC)		BSI (-50)		CSI (-62)		ENDO BASE	FSI	LIC REQ	PRIOR AUTH
A4207	2 cc sterile syringe&needle	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
A4208	3 cc sterile syringe&needle	Bundled	Bundled	0	0%	0%	0%		9	9	9	9	9		В		
A4209	5+ cc sterile syringe&needle	Bundled	Bundled	0	0%	0%	0%	9	9	9	_		9		В		
A4210	Nonneedle injection device	\$1,913.72	\$1,913.72	0	0%	0%	0%	9					9		F		Υ
A4211	Supp for self-adm injections	Bundled	Bundled	0	0%	0%	0%				1		9		В		
A4212	Non coring needle or stylet	Bundled	Bundled	0	0%	0%	0%			9			9		В		
A4213	20+ cc syringe only	Bundled	Bundled	0	0%	0%	0%	9		9			_		В		
A4215	Sterile needle	Bundled	Bundled	0	0%	0%	0%	9	9	9		_	9		В		
A4216	Sterile water/saline, 10 ml	Bundled	Bundled	0	0%	0%	0%	_	9	9			9		В		
A4217	Sterile water/saline, 500 ml	Bundled	Bundled	0	0%	0%	0%								В		
A4218	Sterile saline or water	Bundled	Bundled	0	0%	0%	0%	9			_		9		В		
A4220	Infusion pump refill kit	By Report	By Report	0	0%	0%	0%	9							N		Υ
A4221	Supp non-insulin inf cath/wk	\$22.57	\$22.57	0	0%	0%	0%				1		9		F		Y
A4222	Infusion supplies with pump	\$43.38	\$43.38	0		0%	0%								F		Y
A4223	Infusion supplies w/o pump	By Report	By Report	0	0%	0%	0%	9			_		_		N		Y
A4224	Supply insulin inf cath/wk	\$22.57	\$22.57	0	0%	0%	0%	9		9			9		F		Y
A4225	Sup/ext insulin inf pump syr	\$2.91	\$2.91	0		0%	0%	Ü	Ů	9	_	,	9		F		Y
A4226	Weekly supply maint cgs pump	By Report	By Report	0	0%	0%	0%			9			9		N .		'
A4230	Infus insulin pump non needl	By Report	By Report	0	0%	0%	0%	9		Ť	_		9		N		
A4231	Infusion insulin pump needle	By Report	By Report	0	0%	0%	0%	9							N		
A4232	Syringe w/needle insulin 3cc	By Report	By Report	0	0%	0%	0%				1		_		N		
A4232	Alkalin batt for glucose mon	\$0.61	\$0.61	0		0%	0%			9					F		
		\$2.63	\$2.63	0	0%	0%	0%	9					9		<u>г</u>		
A4234	J-cell batt for glucose mon	\$1.11	\$2.63	0						9			9		<u> </u>		
A4235	Lithium batt for glucose mon			0	0%	0%	0%	9		O	O		U		F F		
A4236	Silvr oxide batt glucose mon	\$1.25	\$1.25	0	0%	0%	0%								•		
A4244	Alcohol or peroxide per pint	Bundled	Bundled	0	0%	0%	0%								В		
A4245	Alcohol wipes per box	Bundled	Bundled	0	0%	0%	0%	9			Ū		9		В		
A4246	Betadine/phisohex solution	Bundled	Bundled	0	0%	0%	0%	9		9	Ū		9		В		
A4247	Betadine/iodine swabs/wipes	Bundled	Bundled	0	0%	0%	0%				_		, i		В		
A4248	Chlorhexidine antisept	Bundled	Bundled	0	0%	0%	0%	9							В		
A4250	Urine reagent strips/tablets	Bundled	Bundled	0	0%	0%	0%	9				_	9		В		
A4252	Blood ketone test or strip	Bundled	Bundled	0	0%	0%	0%	9		9	U		9		В		
A4253	Blood glucose/reagent strips	Bundled	Bundled	0			0%								В		
A4255	Glucose monitor platforms	\$4.92	\$4.92	0		0%	0%						, i		F		
A4256	Calibrator solution/chips	Bundled	Bundled	0	0%	0%	0%						_		В		
A4257	Replace lensshield cartridge	Bundled	Bundled	0	0%	0%	0%						9		В		
A4258	Lancet device each	Bundled	Bundled	0			0%								В		
A4259	Lancets per box	Bundled	Bundled	0		0%	0%						9		В		
A4261	Cervical cap contraceptive	Not Covered	Not Covered	0	0%	0%	0%						9		X		
A4262	Temporary tear duct plug	Bundled	Bundled	0	0%	0%	0%			9			9		В		
A4263	Permanent tear duct plug	Bundled	Bundled	0		0%	0%								В		
A4264	Intratubal occlusion device	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
A4265	Paraffin	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		В		Υ
A4266	Diaphragm	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		



		DOLLAI	R VALUE					ODIFIERS									
HCPCS CODE	ABBREVIATED DESCRIPTION	NON-FACILITY SETTING	FACILITY SETTING	FOL UP	PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	<i>PCTC</i> (26/TC)				CSI (-62)		ENDO BASE	FSI	LIC REQ	PRIOR AUTH
A4267	Male condom	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
A4268	Female condom	Not Covered	Not Covered	0	0%	0%	0%	9					9		X		
A4269	Spermicide	Not Covered	Not Covered	0	0%	0%	0%	9			_		9		X		
A4270	Disposable endoscope sheath	Bundled	Bundled	0	0%	0%	0%	9							В		
A4280	Brst prsths adhsv attchmnt	\$6.20	\$6.20	0	0%	0%	0%						9		F		
A4281	Replacement breastpump tube	Not Covered	Not Covered	0	0%	0%	0%	9					_		X		
A4282	Replacement breastpump adpt	Not Covered	Not Covered	0	0%	0%	0%	9							X		
A4283	Replacement breastpump cap	Not Covered	Not Covered	0	0%	0%	0%	9	9		·		9		X		
A4284	Replcmnt breast pump shield	Not Covered	Not Covered	0	0%	0%	0%	9	_	_			9		X		
A4285	Replcmnt breast pump bottle	Not Covered	Not Covered	0	0%	0%	0%	9					Ŭ		X		
A4286	Replcmnt breastpump lok ring	Not Covered	Not Covered	0	0%	0%	0%	9			_		9		X		
A4290	Sacral nerve stim test lead	By Report	By Report	0	0%	0%	0%	9					_		N		V
A4300	Cath impl vasc access portal	Bundled	Bundled	0	0%	0%	0%	9							В		<del>                                     </del>
A4301	Implantable access syst perc	Bundled	Bundled	0	0%	0%	0%	9							В		4
A4305	Drug delivery system >=50 ml	Bundled	Bundled	0	0%	0%	0%	9			_				B		
A4306	Drug delivery system <=50 ml	Bundled	Bundled	0	0%	0%	0%	9					9		В		
A4300 A4310	Insert tray w/o bag/cath	Bundled	Bundled	0	0%	0%	0%	9	Ů	Ū		•	9		B		_
A4310 A4311	· · · · · · · · · · · · · · · · · · ·			0	0%	0%	0%	9					9		В		<del>                                     </del>
A4311 A4312	Catheter w/o bag 2-way latex	Bundled Bundled	Bundled	0	0%	0%	0%	9					9		В		
	Cath w/o bag 2-way silicone		Bundled	0			0%				Ŭ		Ū				$\blacksquare$
A4313	Catheter w/bag 3-way	Bundled	Bundled	0	0%	0%		9			Ŭ		0		В		
A4314	Cath w/drainage 2-way latex	Bundled	Bundled	0	0%	0%	0%	9					Ŭ		В		4
A4315	Cath w/drainage 2-way silcne	Bundled	Bundled	0	0%	0%	0%	9							В		
A4316	Cath w/drainage 3-way	Bundled	Bundled	0	0%	0%	0%	9			·		_		В		
A4320	Irrigation tray	Bundled	Bundled	0	0%	0%	0%	9			0		9		В		
A4321	Cath therapeutic irrig agent	Bundled	Bundled	0	0%	0%	0%	9							В		4
A4322	Irrigation syringe	Bundled	Bundled	0	0%	0%	0%						·		В		4
A4326	Male external catheter	Bundled	Bundled	0	0%	0%	0%	9			<u> </u>		9		В		
A4327	Fem urinary collect dev cup	Bundled	Bundled	0	0%	0%	0%	9			Ū		9		В		
A4328	Fem urinary collect pouch	Bundled	Bundled	0	0%	0%	0%						Ť		В		4
A4330	Stool collection pouch	Bundled	Bundled	0	0%	0%	0%	9							В		
A4331	Extension drainage tubing	Bundled	Bundled	0	0%	0%	0%	9	9	9			9		В		
A4332	Lube sterile packet	Bundled	Bundled	0	0%	0%	0%	9		_	U		9		В		
A4333	Urinary cath anchor device	Bundled	Bundled	0			0%								В		
A4334	Urinary cath leg strap	Bundled	Bundled	0	0%	0%	0%				9	9	9		В		
A4335	Incontinence supply	Bundled	Bundled	0	0%	0%	0%	9			9	9	9		В		
A4336	Urethral insert	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		В		
A4337	Incontinent rectal insert	Bundled	Bundled	0	0%	0%	0%						9		В		
A4338	Indwelling catheter latex	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		В		<u> </u>
A4340	Indwelling catheter special	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		В		
A4344	Cath indw foley 2 way silicn	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		В		
A4346	Cath indw foley 3 way	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		В		
A4349	Disposable male external cat	Bundled	Bundled	0	0%	0%	0%						9		В		
A4351	Straight tip urine catheter	Bundled	Bundled	0	0%	0%	0%	9	9	9			9		В		
A4352	Coude tip urinary catheter	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		В		



					М	ODIFIERS											
HCPCS		NON-FACILITY				INTRA OP							TSI	ENDO			PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)	(26/TC)	(-51)	(-50)	(-80)	(-62)	(-66)	BASE	FSI	LIC REQ	AUTH
A4353	Intermittent urinary cath	Bundled	Bundled	0		0%	0%						9		В		
A4354	Cath insertion tray w/bag	Bundled	Bundled	0	0,0	0%	0%	9		9	9	9	9		В		
A4355	Bladder irrigation tubing	Bundled	Bundled	0	0%	0%	0%	9		9	9	9	9		В		
A4356	Ext ureth clmp or compr dvc	Bundled	Bundled	0	0%	0%	0%	9			9		9		В		
A4357	Bedside drainage bag	Bundled	Bundled	0	0,0	0%	0%	9			_		9		В		
A4358	Urinary leg or abdomen bag	Bundled	Bundled	0	0,0	0%	0%						9		В		
A4360	Disposable ext urethral dev	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		В		
A4361	Ostomy face plate	Bundled	Bundled	0	0%	0%	0%	9			U		9		В		
A4362	Solid skin barrier	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		В		
A4363	Ostomy clamp, replacement	Bundled	Bundled	0	0,0	0%	0%	9	9	9	9	9	9		В		
A4364	Adhesive, liquid or equal	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		В		
A4366	Ostomy vent	Bundled	Bundled	0	0%	0%	0%	9		9	9		9		В		
A4367	Ostomy belt	Bundled	Bundled	0	0 70	0%	0%	9			_		9		В		
A4368	Ostomy filter	Bundled	Bundled	0	0,0	0%	0%	9		9	9	9	9		В		
A4369	Skin barrier liquid per oz	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		В		
A4371	Skin barrier powder per oz	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		В		
A4372	Skin barrier solid 4x4 equiv	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		В		
A4373	Skin barrier with flange	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		В		
A4375	Drainable plastic pch w fcpl	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		В		
A4376	Drainable rubber pch w fcplt	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		В		
A4377	Drainable plstic pch w/o fp	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		В		
A4378	Drainable rubber pch w/o fp	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		В		
A4379	Urinary plastic pouch w fcpl	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		В		
A4380	Urinary rubber pouch w fcplt	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		В		
A4381	Urinary plastic pouch w/o fp	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		В		
A4382	Urinary hvy plstc pch w/o fp	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		В		
A4383	Urinary rubber pouch w/o fp	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		В		
A4384	Ostomy faceplt/silicone ring	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		В		
A4385	Ost skn barrier sld ext wear	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		В		
A4387	Ost clsd pouch w att st barr	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		В		
A4388	Drainable pch w ex wear barr	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		В		
A4389	Drainable pch w st wear barr	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		В		
A4390	Drainable pch ex wear convex	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		В		
A4391	Urinary pouch w ex wear barr	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		В		
A4392	Urinary pouch w st wear barr	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		В		
A4393	Urine pch w ex wear bar conv	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		В		
A4394	Ostomy pouch liq deodorant	Bundled	Bundled	0	0%	0%	0%	9			9	9	9		В		
A4395	Ostomy pouch solid deodorant	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		В		
A4396	Peristomal hernia supprt blt	Bundled	Bundled	0	0%	0%	0%	9	9	9	Ū		9		В		
A4397	Irrigation supply sleeve	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		В		
A4398	Ostomy irrigation bag	Bundled	Bundled	0			0%	9			9	9	9		В		
A4399	Ostomy irrig cone/cath w brs	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		В		
A4400	Ostomy irrigation set	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		В		
A4402	Lubricant per ounce	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		В		



		DOLLA	R VALUE				МС	ODIFIERS									
HCPCS	4 DDD51//4 TED D500D/DT/04/	NON-FACILITY	FACILITY		_	INTRA OP							TSI	ENDO	<b>50</b> /	550	PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)	(26/TC)				_	_		FSI	LIC REQ	AUTH
A4404	Ostomy ring each	Bundled	Bundled	0		0%	0%	9	9						В		4
A4405	Nonpectin based ostomy paste	Bundled	Bundled	0	0,0	0%	0%	9	9		9	_	9		В		
A4406	Pectin based ostomy paste	Bundled	Bundled	0	0%	0%	0%	9	9		9				В		
A4407	Ext wear ost skn barr <=4sq"	Bundled	Bundled	0	0%	0%	0%	9	9	9	9		<u> </u>		B		
A4408 A4409	Ext wear ost skn barr >4sq"  Ost skn barr convex <=4 sq i	Bundled Bundled	Bundled Bundled	0	0% 0%	0% 0%	0% 0%	9	9		9				B B		4
A4410	Ost skn barr extnd >4 sq	Bundled	Bundled	0	0%	0%	0%	9	9		9	_	9		В		
A4411 A4411	Ost skn barr extnd =4sq	Bundled	Bundled	0	0%	0%	0%	9	9	9	9		9		В		
A4412	Ost pouch drain high output	Bundled	Bundled	0		0%	0%		9	9	9		9		В		_
A4413	2 pc drainable ost pouch	Bundled	Bundled	0	0%	0%	0%	9	9	_	9				В		
A4414	Ost sknbar w/o conv<=4 sq in	Bundled	Bundled	0	0%	0%	0%	9	9		9		9		В		
A4415	Ost skn barr w/o conv >4 sqi	Bundled	Bundled	0	0%	0%	0%	9	9		9		9		В		
A4416	Ost pch clsd w barrier/filtr	Bundled	Bundled	0		0%	0%	9	9		9		9		В		
A4417	Ost pch w bar/bltinconv/fltr	Bundled	Bundled	0		0%	0%		9		9				В		
A4418	Ost pch clsd w/o bar w filtr	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		В		
A4419	Ost pch for bar w flange/flt	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		В		
A4420	Ost pch clsd for bar w lk fl	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		В		
A4421	Ostomy supply misc	Bundled	Bundled	0	0,0	0%	0%	9	9	9	9	9	9		В		
A4422	Ost pouch absorbent material	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		В		
A4423	Ost pch for bar w lk fl/fltr	Bundled	Bundled	0	0%	0%	0%	9	9	9	9		9		В		
A4424	Ost pch drain w bar & filter	Bundled	Bundled	0	0%	0%	0%	9	9		9				В		
A4425	Ost pch drain for barrier fl	Bundled	Bundled	0	0,0	0%	0%	9	9		9				В		
A4426	Ost pch drain 2 piece system	Bundled	Bundled	0	0%	0%	0%	9	9	,	9		9		В		
A4427	Ost pch drain/barr lk flng/f	Bundled	Bundled	0	0%	0%	0%	9	9	9	9		Ŭ		В		
A4428	Urine ost pouch w faucet/tap	Bundled	Bundled	0	0 7 0	0%	0%		9	9	9		9		В		4
A4429	Urine ost pouch w bltinconv	Bundled	Bundled	0		0%	0%	9	9		9				В		4——
A4430 A4431	Ost urine pch w b/bltin conv	Bundled	Bundled	0	0% 0%	0% 0%	0% 0%	9	9		9		9		B B		
A4431 A4432	Ost pch urine w barrier/tapv Os pch urine w bar/fange/tap	Bundled Bundled	Bundled Bundled	0		0%	0%	-	9	•	9	,	9		B		
A4433	Urine ost pch bar w lock fln	Bundled	Bundled	0		0%	0%		9	9	9				В		4
A4434	Ost pch urine w lock flng/ft	Bundled	Bundled	0	0%	0%	0%	9	9		9		9		В		_
A4435	1pc ost pch drain hgh output	\$6.90	\$6.90	0	0%	0%	0%	9	9	9	9		9		F		
A4450	Non-waterproof tape	Bundled	Bundled	0			0%	-	9	9	-	_			B		
A4452	Waterproof tape	Bundled	Bundled	0		0%	0%		9				•		В		
A4455	Adhesive remover per ounce	Bundled	Bundled	0	0%	0%	0%	9	9						В		
A4456	Adhesive remover, wipes	Bundled	Bundled	0	0%	0%	0%	9	9				9		В		
A4458	Reusable enema bag	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		В		
A4459	Manual pump enema, reusable	By Report	By Report	0		0%	0%		9				9		N		
A4461	Surgicl dress hold non-reuse	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		В		
A4463	Surgical dress holder reuse	Bundled	Bundled	0	0%	0%	0%		9	9	•		9		В		
A4465	Non-elastic extremity binder	Bundled	Bundled	0		0%	0%		9		9		9		В		
A4467	Belt strap sleev grmnt cover	By Report	By Report	0		0%	0%		9						N		
A4470	Gravlee jet washer	Bundled	Bundled	0	0%	0%	0%		9				·		В		
A4480	Vabra aspirator	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		В		



		DOLLAF	R VALUE					ODIFIERS									
HCPCS	4 DDD51//4 TED D500D/DT/O4	NON-FACILITY	FACILITY	_		INTRA OP						CSI	TSI	ENDO	<b>50</b> 1	550	PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)						-	BASE	FSI	LIC REQ	AUTH
A4481	Tracheostoma filter	\$0.44	\$0.44	0	0%	0%	0%	9			-				F		
	Moisture exchanger	By Report	By Report	0	0%	0%	0%	9	_			_			N		
A4490	Above knee surgical stocking	\$33.39	\$33.39	0	0%	0%	0%	9				_	9	9	F		
A4495	Thigh length surg stocking	\$33.39	\$33.39	0	0%	0%	0%	9		9	_		9	9	F		
A4500	Below knee surgical stocking	\$33.39	\$33.39	0	0%	0%	0%	9	-	9	_		9	9	F		
A4510	Full length surg stocking	\$119.26	\$119.26	0	0%	0%	0%	9					Ľ		F		
A4520	Incontinence garment anytype	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9	9	В		
A4550	Surgical trays	Bundled	Bundled	0	0%	0%	0%	9			U	_	9		В		
	Nondisp underpads, all sizes	Not Covered	Not Covered	0	0%	0%	0%	9		9	_		9	9	Χ		
A4554	Disposable underpads	Bundled	Bundled	0	0%	0%	0%	9		9		_	9	9	В		
A4555	Ca tx e-stim electr/transduc	Not Covered	Not Covered	0	0%	0%	0%	9		9			9	9	X		
	Electrodes, pair	Bundled	Bundled	0	0%	0%	0%	9			U		O		В		
A4557	Lead wires, pair	Bundled	Bundled	0	0%	0%	0%	9						4	В		
A4558	Conductive gel or paste	Bundled	Bundled	0	0%	0%	0%	9		9	9	9	9	9	В		
A4559	Coupling gel or paste	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9	9	В		
A4561	Pessary rubber, any type	Not Covered	Not Covered	0	0%	0%	0%	9	_	9	5		9	9	X		
A4562	Pessary, non rubber,any type	Not Covered	Not Covered	0	0%	0%	0%	9	_		_		9	9	Χ		
A4563	Vag inser rectal control sys	\$129.78	\$129.78	0	0%	0%	0%	9	9	9	9	9	9	)	F		Υ
A4565	Slings	\$9.20	\$9.20	0	0%	0%	0%	9	9	9	9	9	9	9	F		
A4566	Should sling/vest/abrestrain	\$44.23	\$44.23	0	0%	0%	0%	9		9	9	9	9	)	F		
A4570	Splint	Not Covered	Not Covered	0	0%	0%	0%	9		9	_		9	9	Χ		
A4575	Hyperbaric o2 chamber disps	\$739.38	\$739.38	0	0%	0%	0%	9		9	9	9	9	)	F		
A4580	Cast supplies (plaster)	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	9	Χ		
A4590	Special casting material	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
A4595	Tens suppl 2 lead per month	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	9	Χ		
A4600	Sleeve, inter limb comp dev	\$21.94	\$21.94	0	0%	0%	0%	9	9	9	9	9	9	9	F		
A4601	Lith ion non prosth recharge	\$80.16	\$80.16	0	0%	0%	0%	9	9	9	9	9	9	9	F		
A4602	Replace lithium battery 1.5v	\$9.54	\$9.54	0	0%	0%	0%	9	9	9	9	9	9	9	F		
A4604	Tubing with heating element	\$60.66	\$60.66	0	0%	0%	0%	9	9	9	9	9	9	9	F		
A4605	Trach suction cath close sys	\$18.51	\$18.51	0	0%	0%	0%	9	9	9	9	9	9	9	F		
A4606	Oxygen probe used w oximeter	\$74.25	\$74.25	0	0%	0%	0%	9	9	9	9	9	9	9	F		Υ
	Transtracheal oxygen cath	\$59.95	\$59.95	0	0%	0%	0%	9			·		9		F		
	Heavy duty battery	\$298.58	\$298.58	0			0%								F		
A4612	Battery cables	\$221.17	\$221.17	0	0%	0%	0%	9	9	9	9	9	9	)	F		
A4613	Battery charger	\$188.00	\$188.00	0	0%	0%	0%	9	9	9	9	9	9	)	F		
A4614	Hand-held pefr meter	\$28.45	\$28.45	0	0%	0%	0%	9	9	9	9	9	9	)	F		
A4615	Cannula nasal	\$0.88	\$0.88	0	0%	0%	0%						9	)	F		
A4616	Tubing (oxygen) per foot	\$0.07	\$0.07	0	0%	0%	0%	9	9	9	9	9	9	)	F		
A4617	Mouth piece	\$3.71	\$3.71	0	0%	0%	0%	9	9	9	9	9	9	)	F		
A4618	Breathing circuits	\$30.73	\$30.73	0	0%	0%	0%	9	9	9	9	9	9	)	F		
A4619	Face tent	\$4.17	\$4.17	0	0%	0%	0%	9			9	9	9	)	F		
A4620	Variable concentration mask	\$0.76	\$0.76	0	0%	0%	0%	9	9	9	9	9	9	)	F		
A4623	Tracheostomy inner cannula	\$7.84	\$7.84	0	0%	0%	0%	9	9	9	9	9	9	)	F		
A4624	Tracheal suction tube	\$3.48	\$3.48	0	0%	0%	0%	9	9	9	9	9	9	)	F		



		DOLLAI	R VALUE				М	ODIFIERS	3								
HCPCS CODE	ABBREVIATED DESCRIPTION	NON-FACILITY SETTING	FACILITY SETTING	FOL UP	PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	<i>PCTC</i> (26/TC)				CSI (-62)	_	ENDO BASE	FSI	LIC REQ	PRIOR AUTH
A4625	Trach care kit for new trach	\$7.80	\$7.80	0	0%	0%	0%					_			F	2.0 1.2 4	710777
A4626	Tracheostomy cleaning brush	\$3.81	\$3.81	0	0%	0%	0%			9	_		9		F		_
A4627	Spacer bag/reservoir	\$39.32	\$39.32	0	0%	0%	0%	9			_	_	9		E		
A4628	Oropharyngeal suction cath	\$4.49	\$4.49	0	0%	0%	0%	9					9				lacksquare
A4629	Tracheostomy care kit	\$5.54	\$5.54	0	0%	0%	0%				1		9		F		
A4630	<u> </u>	Not Covered	Not Covered	0	0%	0%	0%			9			9		X		4
A4633	Repl bat t.e.n.s. own by pt  Uvl replacement bulb	Not Covered	Not Covered	0	0%	0%	0%	9					9		X		
A4634	Replacement bulb th lightbox	Not Covered	Not Covered	0	0%	0%	0%	9	9	9			9		X		_
A4635	Underarm crutch pad	\$10.97	\$10.97	0	0%	0%	0%	_	_	O	U		9		F		
A4636	<u> </u>	\$5.57	\$5.57	0	0%	0%	0%						9		F		4
A4637	Handgrip for cane etc  Repl tip cane/crutch/walker	\$2.93	\$2.93	0	0%	0%	0%						9		<u> </u>		_
		·	·	0		0%	0%	9			Ŭ		9		Г V		$\blacksquare$
A4638	Repl batt pulse gen sys	Not Covered	Not Covered	0	0%			9			Ū		9		X		
A4639	Infrared ht sys replcmnt pad	Not Covered	Not Covered	0	0%	0%	0%				_				<del>X</del> F		4
A4640	Alternating pressure pad	\$88.47	\$88.47	0	0%	0%	0%					_					
A4641	Radiopharm dx agent noc	By Report	By Report	0	0%	0%	0%	0				_	0		N		\ <u>\</u>
A4642	In111 satumomab	By Report	By Report	0	0%	0%	0%	0	0	_	U		0		N F		Υ
A4648	Implantable tissue marker	\$286.21	\$286.21	0	0%	0%	0%			9			9		•		4
A4649	Surgical supplies	Bundled	Bundled	0	0%	0%	0%			9	_		9		В		
A4650	Implant radiation dosimeter	By Report	By Report	0	0%	0%	0%	9			Ū		9		N		Υ
A4651	Calibrated microcap tube	\$9.54	\$9.54	0	0%	0%	0%	9			J		9		<u>F</u>		
A4652	Microcapillary tube sealant	\$9.54	\$9.54	0	0%	0%	0%						9		F		
A4653	Pd catheter anchor belt	By Report	By Report	0	0%	0%	0%						9		N		
A4657	Syringe w/wo needle	\$1.73	\$1.73	0	0%	0%	0%	9			_		9		F		
A4660	Sphyg/bp app w cuff and stet	\$43.13	\$43.13	0	0%	0%	0%	9		9	O		9		F		
A4663	Dialysis blood pressure cuff	\$51.52	\$51.52	0	0%	0%	0%				-				F		
A4670	Automatic bp monitor, dial	Bundled	Bundled	0	0%	0%	0%						9		В		
A4671	Disposable cycler set	\$81.09	\$81.09	0	0%	0%	0%	9		9	Ū		9		F		
A4672	Drainage ext line, dialysis	\$8.06	\$8.06	0	0%	0%	0%	9		9	Ū		9		F		
A4673	Ext line w easy lock connect	\$11.45	\$11.45	0	0%	0%	0%				_		9		F		
A4674	Chem/antisept solution, 8oz	\$104.94	\$104.94	0	0%	0%	0%	9		9	9	9	9		F		
A4680	Activated carbon filter, ea	\$146.35	\$146.35	0	0%	0%	0%	9	9	9	9	9	9		F		
A4690	Dialyzer, each	\$1,451.12	\$1,451.12	0	0%	0%	0%	9	9	9	9	9	9		F		
A4706	Bicarbonate conc sol per gal	\$53.67	\$53.67	0			0%								F		
A4707	Bicarbonate conc pow per pac	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
A4708	Acetate conc sol per gallon	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
A4709	Acid conc sol per gallon	\$52.47	\$52.47	0	0%	0%	0%	9	9	9	9	9	9		F		
A4714	Treated water per gallon	\$36.09	\$36.09	0	0%		0%						9		F		
A4719	"y set" tubing	\$11.32	\$11.32	0	0%	0%	0%	9	9	9	9	9	9		F		<u> </u>
A4720	Dialysat sol fld vol > 249cc	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
A4721	Dialysat sol fld vol > 999cc	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
A4722	Dialys sol fld vol > 1999cc	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
A4723	Dialys sol fld vol > 2999cc	\$18.13	\$18.13	0	0%	0%	0%	9			9	9	9		F		
A4724	Dialys sol fld vol > 3999cc	By Report	By Report	0	0%	0%	0%	9					9		N		
A4725	Dialys sol fld vol > 4999cc	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		



		DOLLA	R VALUE					ODIFIERS									
HCPCS		NON-FACILITY	FACILITY			INTRA OP							TSI	ENDO			PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)	(26/TC)			(-80)	(-62)	(-66)	BASE	FSI	LIC REQ	AUTH
A4726	Dialys sol fld vol > 5999cc	By Report	By Report	0	0%	0%	0%					_	9		N		
A4728	Dialysate solution, non-dex	By Report	By Report	0	0%	0%	0%	9					9		N		
A4730	Fistula cannulation set, ea	\$19.08	\$19.08	0	0%	0%	0%	9			9		9		F		
A4736	Topical anesthetic, per gram	By Report	By Report	0	0%	0%	0%	9			9		9		N		
A4737	Inj anesthetic per 10 ml	By Report	By Report	0	0%	0%	0%	9			_		9		N		
A4740	Shunt accessory	\$38.16	\$38.16	0	0%	0%	0%	9					Ŭ		F		
A4750	Art or venous blood tubing	\$27.91	\$27.91	0	0%	0%	0%	9			9		9		F		
A4755	Comb art/venous blood tubing	\$119.26	\$119.26	0	0%	0%	0%	9			U		9		F		
A4760	Dialysate sol test kit, each	By Report	By Report	0	0%	0%	0%	9							N		
A4765	Dialysate conc pow per pack	By Report	By Report	0	0%	0%	0%						9		N		
A4766	Dialysate conc sol add 10 ml	By Report	By Report	0	0%	0%	0%	9		9			9		N		
A4770	Blood collection tube/vacuum	\$23.85	\$23.85	0	0%	0%	0%	9			·		9		F		
A4771	Serum clotting time tube	By Report	By Report	0	0%	0%	0%	9	_		_		9		N		
A4772	Blood glucose test strips	\$42.93	\$42.93	0	0%	0%	0%	9					9		F		
A4773	Occult blood test strips	\$37.13	\$37.13	0	0%	0%	0%	9		9	9		9		F		
A4774	Ammonia test strips	\$28.62	\$28.62	0	0%	0%	0%	9			U		9		F		
A4802	Protamine sulfate per 50 mg	\$4.77	\$4.77	0	0%	0%	0%	9			•		9		F		
A4860	Disposable catheter tips	\$7.81	\$7.81	0	0%	0%	0%	9					Ť		F		
A4870	Plumb/elec wk hm hemo equip	By Report	By Report	0	0%	0%	0%	9			9		9		N		Υ
A4890	Repair/maint cont hemo equip	\$572.42	\$572.42	0	0%	0%	0%	0	0	Ū	0		0		F		Υ
A4911	Drain bag/bottle	\$14.31	\$14.31	0	0%	0%	0%	9					9		F		
A4913	Misc dialysis supplies noc	By Report	By Report	0	0%	0%	0%	9				_	9		N		
A4918	Venous pressure clamp	By Report	By Report	0	0%	0%	0%	9			9	_	9		N		
A4927	Non-sterile gloves	\$12.03	\$12.03	0	0%	0%	0%	9			9		9		F		
A4928	Surgical mask	\$2.90	\$2.90	0	0%	0%	0%	9					9		F		
A4929	Tourniquet for dialysis, ea	\$0.95	\$0.95	0	0%	0%	0%	9					9		F		
A4930	Sterile, gloves per pair	Bundled	Bundled	0	0%	0%	0%	9							В		
A4931	Reusable oral thermometer	Bundled	Bundled	0	0%	0%	0%	9			Ü		9		X		
A4932	Reusable rectal thermometer	Bundled	Bundled	0	0%	0%	0%	9							X		
A5051	Pouch clsd w barr attached	Bundled	Bundled	0	0%	0%	0%	9		_			Ŭ		В		
A5052	Clsd ostomy pouch w/o barr	Bundled	Bundled	0	0%	0%	0%	9	_			·	9		В		
A5053	Clsd ostomy pouch faceplate	Bundled	Bundled	0	0%	0%	0%	9	,	_	J		9		В		
A5054	Clsd ostomy pouch w/flange	Bundled	Bundled	0			0%								В		
A5055	Stoma cap	Bundled	Bundled	0	0%		0%								В		
A5056	1 pc ost pouch w filter	Bundled	Bundled	0	0%	0%	0%	9							В		
A5057	1 pc ost pou w built-in conv	Bundled	Bundled	0	0%	0%	0%	9			·		9		В		
A5061	Pouch drainable w barrier at	Bundled	Bundled	0	0%		0%								В		4
A5062	Drnble ostomy pouch w/o barr	Bundled	Bundled	0	0%		0%								В		
A5063	Drain ostomy pouch w/flange	Bundled	Bundled	0	0%	0%	0%				·		9		В		
A5071	Urinary pouch w/barrier	Bundled	Bundled	0	0%	0%	0%								В		
A5072	Urinary pouch w/o barrier	Bundled	Bundled	0	0%	0%	0%								В		4
A5073	Urinary pouch on barr w/flng	Bundled	Bundled	0	0%		0%						9		В		
A5081	Stoma plug or seal, any type	Bundled	Bundled	0	0%	0%	0%						9		В		
A5082	Continent stoma catheter	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		В		



		DOLLA	R VALUE					ODIFIERS									
HCPCS CODE	ABBREVIATED DESCRIPTION	NON-FACILITY	FACILITY	FOL UP		INTRA OP							TSI	ENDO	FSI	LIC REQ	PRIOR AUTH
		SETTING	SETTING	_	(-56)	(-54)	(-55)							BASE		LIC REQ	AUIII
A5083	Stoma absorptive cover	Bundled	Bundled	0		0%	0%								В		
A5093	Ostomy accessory convex inse	Bundled	Bundled	0	0%	0%	0%		_		4	_			В		
A5102	Bedside drain btl w/wo tube	Bundled	Bundled	0	0%	0%	0%					_	9	)	В		
A5105	Urinary suspensory	Bundled	Bundled	0	0%	0%	0%	9			_		9	)	В		
A5112	Urinary leg bag	Bundled	Bundled	0	0%	0%	0%			9	_		9	9	В		
A5113	Latex leg strap	Bundled	Bundled	0	0%	0%	0%						<u> </u>		В		
A5114	Foam/fabric leg strap	Bundled	Bundled	0	0%	0%	0%	9	_		<u> </u>				В		
A5120	Skin barrier, wipe or swab	Bundled	Bundled	0	0%	0%	0%	9			U	•	9		В		
A5121	Solid skin barrier 6x6	Bundled	Bundled	0	0%	0%	0%			9	_	_			В		
A5122	Solid skin barrier 8x8	Bundled	Bundled	0	0%	0%	0%					_	9	9	В		
A5126	Disk/foam pad +or- adhesive	Bundled	Bundled	0	0%	0%	0%	9					9		В		
A5131	Appliance cleaner	Bundled	Bundled	0	0%	0%	0%	9			Ū				В		
A5200	Percutaneous catheter anchor	\$13.51	\$13.51	0		0%	0%							4	F		
A5500	Diab shoe for density insert	\$76.06	\$76.06	0		0%	0%			9	9	9	9	9	F		Υ
A5501	Diabetic custom molded shoe	\$228.13	\$228.13	0	0%	0%	0%	9	9	9	9	9	9	9	F		Υ
A5503	Diabetic shoe w/roller/rockr	\$36.58	\$36.58	0	0%	0%	0%	9	9	9	9		9	9	F		Υ
A5504	Diabetic shoe with wedge	\$36.58	\$36.58	0	0%	0%	0%		9	9	9	9	9	9	F		Υ
A5505	Diab shoe w/metatarsal bar	\$36.58	\$36.58	0	0%	0%	0%	9	9	9	9	9	9	)	F		Υ
A5506	Diabetic shoe w/off set heel	\$36.58	\$36.58	0	0%	0%	0%	9	9	9	9	9	9	)	F		Υ
A5507	Modification diabetic shoe	\$36.58	\$36.58	0	0%	0%	0%	9	9	9	9	9	9	)	F		Υ
A5508	Diabetic deluxe shoe	\$30.41	\$30.41	0	0%	0%	0%		9	9	9	9	9	)	F		Υ
A5510	Compression form shoe insert	\$70.18	\$70.18	0	0%	0%	0%	9	9	9	9	9	9	)	F		Υ
A5512	Multi den insert direct form	\$31.02	\$31.02	0	0%	0%	0%	9	9	9	9	9	9	)	F		Υ
A5513	Multi den insert custom mold	\$46.29	\$46.29	0	0%	0%	0%	9	9	9	9	9	9	)	F		Υ
A5514	Mult den insert dir carv/cam	\$46.29	\$46.29	0	0%	0%	0%	9	9	9	9	9	9	)	F		Υ
A6000	Wound warming wound cover	By Report	By Report	0	0%	0%	0%		9	9	9	9	9	)	N		Υ
A6010	Collagen based wound filler	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9	9	В		
A6011	Collagen gel/paste wound fil	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9	)	В		
A6021	Collagen dressing <=16 sq in	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9	)	В		
A6022	Collagen drsg>16<=48 sq in	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9	)	В		
A6023	Collagen dressing >48 sq in	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9	9	В		
A6024	Collagen dsg wound filler	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9	)	В		
A6025	Silicone gel sheet, each	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9	)	В		
	Wound pouch each	Bundled	Bundled	0	0%	0%	0%	9					9		В		
A6196	Alginate dressing <=16 sq in	Bundled	Bundled	0	0%	0%	0%	9					9	)	В		
A6197	Alginate drsg >16 <=48 sq in	Bundled	Bundled	0	0%	0%	0%		9	9	9	9	9	)	В		
	Alginate dressing > 48 sq in	Bundled	Bundled	0	0%	0%	0%						9	)	В		
	Alginate drsg wound filler	Bundled	Bundled	0		0%	0%						9	)	В		
A6203	Composite drsg <= 16 sq in	Bundled	Bundled	0	0%	0%	0%				_		9	)	В		
A6204	Composite drsg >16<=48 sq in	Bundled	Bundled	0	0%	0%	0%						9	)	В		
	Composite drsg > 48 sq in	Bundled	Bundled	0		0%	0%						9	)	В		
A6206	Contact layer <= 16 sq in	Bundled	Bundled	0		0%	0%								В		
A6207	Contact layer >16<= 48 sq in	Bundled	Bundled	0	0%	0%	0%						9	)	В		
	Contact layer > 48 sq in	Bundled	Bundled	0	0%	0%	0%						_		В		



		DOLLA	AR VALUE					ODIFIERS									
HCPCS CODE	ABBREVIATED DESCRIPTION	NON-FACILITY SETTING	FACILITY SETTING	FOL UP		INTRA OP (-54)	POST OP (-55)	<i>PCTC</i> (26/TC)						ENDO BASE	FSI	LIC REQ	PRIOR AUTH
A6209	Foam drsg <=16 sq in w/o bdr	Bundled	Bundled	0		0%	0%						_		В		
A6210	Foam drg >16<=48 sq in w/o b	Bundled	Bundled	0		0%	0%					_	9		В		
A6211	Foam drg > 48 sq in w/o brdr	Bundled	Bundled	0	0%	0%	0%		9	9	_		9		В		
A6212	Foam drg <=16 sq in w/border	Bundled	Bundled	0	0%	0%	0%	9					9		В		
A6213	Foam drg >16<=48 sq in w/bdr	Bundled	Bundled	0		0%	0%						9		В		
A6214	Foam drg > 48 sq in w/border	Bundled	Bundled	0		0%	0%			9			9		В		
A6215	Foam dressing wound filler	Bundled	Bundled	0	0%	0%	0%								В		
A6216	Non-sterile gauze<=16 sq in	Bundled	Bundled	0	0%	0%	0%		9	9			9		В		
A6217	Non-sterile gauze>16<=48 sq	Bundled	Bundled	0		0%	0%		9	9			9		В		
A6218	Non-sterile gauze > 48 sq in	Bundled	Bundled	0		0%	0%						_		В		
A6219	Gauze <= 16 sq in w/border	Bundled	Bundled	0	0%	0%	0%	9			_		9		В		
A6220	Gauze >16 <=48 sq in w/bordr	Bundled	Bundled	0	0%	0%	0%	9					_		В		
A6221	Gauze > 48 sq in w/border	Bundled	Bundled	0		0%	0%				1		9		В		
A6222	Gauze <=16 in no w/sal w/o b	Bundled	Bundled	0		0%	0%								В		
A6223	Gauze >16<=48 no w/sal w/o b	Bundled	Bundled	0	0%	0%	0%	9			9				В		
A6224	Gauze > 48 in no w/sal w/o b	Bundled	Bundled	0	0%	0%	0%	9		9			9		В		
A6228	Gauze <= 16 sq in water/sal	Bundled	Bundled	0		0%	0%	Ü	Ů	9	_	•	9		В		
A6229	Gauze >16<=48 sq in water/sal	Bundled	Bundled	0		0%	0%			_			Ť		В		
A6230	Gauze > 48 sq in water/salne	Bundled	Bundled	0	0%	0%	0%	9			_		9		В		
A6231	Hydrogel dsg<=16 sq in	Bundled	Bundled	0	0%	0%	0%	9					_		В		
A6232	Hydrogel dsg>16<=48 sq in	Bundled	Bundled	0		0%	0%				1				В		
A6233		Bundled	Bundled	0		0%	0%								В		-
	Hydrogel dressing >48 sq in		Bundled	0	0%	0%	0%	9							В		
A6234	Hydrocolld drg <=16 w/o bdr	Bundled		0						9			9				
A6235	Hydrocolld drg >16<=48 w/o b	Bundled	Bundled	0	0%	0%	0%	9		O	O				В		
A6236	Hydrocolld drg > 48 in w/o b	Bundled	Bundled	0		0%	0%								В		
A6237	Hydrocolld drg <=16 in w/bdr	Bundled	Bundled	0		0%	0%						·		В		
A6238	Hydrocolld drg >16<=48 w/bdr	Bundled	Bundled	0	0%	0%	0%				Ū		9		В		
A6239	Hydrocolld drg > 48 in w/bdr	Bundled	Bundled	0	0%	0%	0%	9		9	Ū		9		В		
A6240	Hydrocolld drg filler paste	Bundled	Bundled	0	0,0	0%	0%						Ť		В		
A6241	Hydrocolloid drg filler dry	Bundled	Bundled	0	0,0	0%	0%						·		В		
A6242	Hydrogel drg <=16 in w/o bdr	Bundled	Bundled	0	0%	0%	0%	9					9		В		lacksquare
A6243	Hydrogel drg >16<=48 w/o bdr	Bundled	Bundled	0	0%	0%	0%	9			Ū		9		В		
A6244	Hydrogel drg >48 in w/o bdr	Bundled	Bundled	0			0%								В		
A6245	Hydrogel drg <= 16 in w/bdr	Bundled	Bundled	0			0%						_		В		
A6246	Hydrogel drg >16<=48 in w/b	Bundled	Bundled	0	0%	0%	0%								В		
A6247	Hydrogel drg > 48 sq in w/b	Bundled	Bundled	0	0%	0%	0%						9		В		
A6248	Hydrogel drsg gel filler	Bundled	Bundled	0			0%								В		
A6250	Skin seal protect moisturizr	Bundled	Bundled	0			0%						9		В		
A6251	Absorpt drg <=16 sq in w/o b	Bundled	Bundled	0	0%	0%	0%						9		В		
A6252	Absorpt drg >16 <=48 w/o bdr	Bundled	Bundled	0	0%	0%	0%		9	9			9		В		
A6253	Absorpt drg > 48 sq in w/o b	Bundled	Bundled	0		0%	0%								В		
A6254	Absorpt drg <=16 sq in w/bdr	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		В		
A6255	Absorpt drg >16<=48 in w/bdr	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		В		
A6256	Absorpt drg > 48 sq in w/bdr	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		В		



		DOLLA	R VALUE				МС	ODIFIERS									
HCPCS	ADDDEWATED DECODIDION	NON-FACILITY	FACILITY			INTRA OP							TSI	ENDO	<b>50</b> /		PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)	(26/TC)				_	_		FSI -	LIC REQ	AUTH
A6257	Transparent film <= 16 sq in	Bundled	Bundled	0		0%	0%	9	9						В		
A6258	Transparent film >16<=48 in	Bundled	Bundled	0	0%	0%	0%	9	9		9	_	9		В		
A6259	Transparent film > 48 sq in	Bundled	Bundled	0	0%	0%	0%	9	9		9				В		
A6260	Wound cleanser any type/size	Bundled	Bundled	0	0%	0%	0%	9	9	9	9		<u> </u>		В		
A6261	Wound filler gel/paste /oz	Bundled	Bundled	0	0%	0%	0%	9	9		9				В		
A6262	Wound filler dry form / gram	Bundled	Bundled	0	0% 0%	0% 0%	0% 0%	9	9		9	_	9		B B		
A6266 A6402	Impreg gauze no h20/sal/yard	Bundled Bundled	Bundled Bundled	0	0%	0%	0%	9	9	9	9		9		В		
A6402 A6403	Sterile gauze <= 16 sq in Sterile gauze>16 <= 48 sq in	Bundled	Bundled	0	0%	0%	0%		9	9	9		9		B		
A6404	Sterile gauze > 48 sq in	Bundled	Bundled	0	0%	0%	0%	9	9		9				В		
A6407	Packing strips, non-impreg	Bundled	Bundled	0	0%	0%	0%	9	9		9		9		В		
A6410	Sterile eye pad	Bundled	Bundled	0	0%	0%	0%	9	9		9		9		В		
A6411	Non-sterile eye pad	Bundled	Bundled	0	0%	0%	0%	9	9		9		9		B		
A6412	Occlusive eye patch	Bundled	Bundled	0	0%	0%	0%		9		9				В		
A6413	Adhesive bandage, first-aid	Bundled	Bundled	0	0%	0%	0%	9	9	9	9		9		В		
A6441	Pad band w>=3" <5"/yd	Bundled	Bundled	0	0%	0%	0%	9	9	9	9		9		B		
A6442	Conform band n/s w<3"/yd	Bundled	Bundled	0	0%	0%	0%	-	9				9		В		
A6443	Conform band n/s w>=3"<5"/yd	Bundled	Bundled	0	0%	0%	0%		9		9		9		В		
A6444	Conform band n/s w>=5"/yd	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	_	9		В		
A6445	Conform band s w <3"/yd	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		В		
A6446	Conform band s w>=3" <5"/yd	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		В		
A6447	Conform band s w >=5"/yd	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		В		
A6448	Lt compres band <3"/yd	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		В		
A6449	Lt compres band >=3" <5"/yd	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		В		
A6450	Lt compres band >=5"/yd	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		В		
A6451	Mod compres band w>=3"<5"/yd	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		В		
A6452	High compres band w>=3"<5"yd	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		В		
A6453	Self-adher band w <3"/yd	Bundled	Bundled	0	0%	0%	0%	9	9	,	9	,	9		В		
A6454	Self-adher band w>=3" <5"/yd	Bundled	Bundled	0	0%	0%	0%		9	9			9		В		
A6455	Self-adher band >=5"/yd	Bundled	Bundled	0	0%	0%	0%		9	9	9		9		В		
A6456	Zinc paste band w >=3"<5"/yd	Bundled	Bundled	0	0%	0%	0%	9	9		9		9		В		
A6457	Tubular dressing	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	_	9		В		
A6460	Synthetic drsg <= 16 sq in	By Report	By Report	0		0%	0%		9						N		
A6461	Synthetic drsg >16<=48 sq in	By Report	By Report	0		0%	0%		9						N		
A6501	Compres burngarment bodysuit	By Report	By Report	0	0%	0%	0%	9	9						N		
A6502	Compres burngarment chinstrp	By Report	By Report	0	0%	0%	0%	9	9		,		Ŭ		N		
A6503	Compres burngarment facehood	By Report	By Report	0		0%	0%		9						N		
A6504	Cmprsburngarment glove-wrist	\$136.05	\$136.05	0		0%	0%		9				9		F F		
A6505	Cmprsburngarment glove-elbow	\$310.06	\$310.06	0	0%	0%	0%		9	9	,		9		F		
A6506	Cmprsburngrmnt glove-axilla	\$362.54 \$100.81	\$362.54	U	0%	0%	0%		Ū	)	)		9		F		
A6507 A6508	Cmprs burngarment foot-knee	\$190.81	\$190.81	0		0% 0%	0% 0%		9		9				F		<del>                                     </del>
A6508 A6509	Cmprs burngarment foot-thigh Compres burn garment jacket	\$372.08 \$610.59	\$372.08 \$610.59	0	0%	0% 0%	0%	9	9						F		
A6509 A6510	Compres burn garment jacket  Compres burn garment leotard	By Report		0	0%	0%	0%		9						r N		
A0310	Toumpres built garment leotard	ву кероп	By Report	U	0%	0%	0%	9	9	9	9	9	9		IN		



1		DOLLA	R VALUE					ODIFIERS									
HCPCS CODE	APPREVIATED DESCRIPTION	NON-FACILITY	FACILITY			INTRA OP						CSI	TSI	ENDO	ESI	LIC REQ	PRIOR AUTH
	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)						-	BASE		LIC REQ	AUIH
	Compres burn garment panty	\$333.91	\$333.91	0	0%	0%	0%								F		
	Compres burn garment, noc	By Report	By Report	0	0%	0%	0%		_			_		_	N		
A6513	Compress burn mask face/neck	By Report	By Report	0	0%	0%	0%					_	9	)	N		
A6530	Compression stocking bk18-30	\$82.12	\$82.12	0	0%	0%	0%	9			_		9	)	F		
	Compression stocking bk30-40	\$53.40	\$53.40	0	0%	0%	0%		-		_		9	)	F		
	Compression stocking bk40-50	\$109.71	\$109.71	0	0%	0%	0%						Ľ		F		
	Gc stocking thighlngth 18-30	\$85.46	\$85.46	0	0%	0%	0%	9	_		<u> </u>		9	)	F		
	Gc stocking thighlngth 30-40	\$80.05	\$80.05	0	0%	0%	0%	9	_		·	_	9	4	F		
	Gc stocking thighlngth 40-50	\$104.94	\$104.94	0	0%	0%	0%				_	_	9	)	F		
	Gc stocking full Ingth 18-30	\$76.32	\$76.32	0	0%	0%	0%					_	9	)	F		
A6537	Gc stocking full Ingth 30-40	\$81.09	\$81.09	0	0%	0%	0%	9					9	)	F		
	Gc stocking full Ingth 40-50	\$95.40	\$95.40	0	0%	0%	0%	9			U		9	)	F		
	Gc stocking waistIngth 18-30	\$285.42	\$285.42	0	0%	0%	0%						9	)	F		
	Gc stocking waistIngth 30-40	\$124.03	\$124.03	0	0%	0%	0%	9	9	9	9	9	9	)	F		
A6541	Gc stocking waistIngth 40-50	\$143.11	\$143.11	0	0%	0%	0%	9	9	9	9	9	9	)	F		
A6544	Gc stocking garter belt	\$103.04	\$103.04	0	0%	0%	0%	9	9	9	9	9	9	)	F		
A6545	Grad comp non-elastic bk	\$111.41	\$111.41	0	0%	0%	0%	9	9	9	9	9	9	)	F		
A6549	G compression stocking	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	)	N		
A6550	Neg pres wound ther drsg set	\$26.25	\$26.25	0	0%	0%	0%	9	9	9	9	9	9	)	F		Υ
A7000	Disposable canister for pump	\$34.43	\$34.43	0	0%	0%	0%	9	9	9	9	9	9	)	F		Υ
A7001	Nondisposable pump canister	\$38.16	\$38.16	0	0%	0%	0%	9	9	9	9	9	9	)	F		Υ
A7002	Tubing used w suction pump	\$3.88	\$3.88	0	0%	0%	0%	9	9	9	9	9	9	)	F		
A7003	Nebulizer administration set	\$2.49	\$2.49	0	0%	0%	0%	9	9	9	9	9	9	)	F		
A7004	Disposable nebulizer sml vol	\$4.70	\$4.70	0	0%	0%	0%	9	9	9	9	9	9	)	F		
A7005	Nondisposable nebulizer set	\$41.48	\$41.48	0	0%	0%	0%	9	9	9	9	9	9	)	F		
A7006	Filtered nebulizer admin set	\$17.65	\$17.65	0	0%	0%	0%	9	9	9	9	9	9	)	F		
A7007	Lg vol nebulizer disposable	\$5.24	\$5.24	0	0%	0%	0%	9	9	9	9	9	9	)	F		
A7008	Disposable nebulizer prefill	\$11.12	\$11.12	0	0%	0%	0%	9	9	9	9	9	9	)	F		
A7009	Nebulizer reservoir bottle	\$95.40	\$95.40	0	0%	0%	0%	9	9	9	9	9	9	)	F		
A7010	Disposable corrugated tubing	\$31.48	\$31.48	0	0%	0%	0%	9	9	9	9	9	9	)	F		
A7012	Nebulizer water collec devic	\$4.77	\$4.77	0	0%	0%	0%	9	9	9	9	9	9	)	F		
A7013	Disposable compressor filter	\$0.95	\$0.95	0	0%	0%	0%	9	9	9	9	9	9	)	F		
A7014	Compressor nondispos filter	\$5.77	\$5.77	0	0%	0%	0%	9	9	9	9	9	9	)	F		
	Aerosol mask used w nebulize	\$16.59	\$16.59	0	0%	0%	0%	9			9	9	9	)	F		
	Nebulizer dome & mouthpiece	\$14.31	\$14.31	0	0%	0%	0%	9	9	9	9	9	9	)	F		
A7017	Nebulizer not used w oxygen	\$196.07	\$196.07	0	0%	0%	0%				9	9	9	)	F		
	Water distilled w/nebulizer	\$0.35	\$0.35	0	0%		0%		9	9	9	9	9	)	F		
	Interface, cough stim device	\$33.75	\$33.75	0			0%						9	)	F		
	Replace chest compress vest	Not Covered	Not Covered	0	0%	0%	0%				_		9	)	X		
	Replace chst cmprss sys hose	Not Covered	Not Covered	0	0%	0%	0%						9	)	X		
	Combination oral/nasal mask	\$212.35	\$212.35	0			0%						9	)	F		
	Repl oral cushion combo mask	\$62.01	\$62.01	0			0%								F		
	Repl nasal pillow comb mask	\$38.16	\$38.16	0	0%	0%	0%						_		F		
	Cpap full face mask	\$248.78	\$248.78	0	0%	0%	0%						_		F		



		DOLLAI	R VALUE					ODIFIERS									
HCPCS CODE	ABBREVIATED DESCRIPTION	NON-FACILITY SETTING	FACILITY SETTING	FOL UP	PRE OP (-56)	INTRA OP	POST OP (-55)						TSI	ENDO BASE	FSI	LIC REQ	PRIOR AUTH
					. ,	(-54)								,		LICKEQ	AUTH
A7031	Replacement facemask interfa	\$82.11	\$82.11	0	0%	0%	0%				-				F		
A7032	Replacement nasal cushion	\$71.93	\$71.93	0	0%	0%	0%		_			_		_	F		
A7033	Replacement nasal pillows	\$42.56	\$42.56	0	0%	0%	0%	9				_	9	)			
A7034	Nasal application device	\$169.81	\$169.81	0	0%	0%	0%	9					9	)	F		
A7035	Pos airway press headgear	\$56.58	\$56.58	0	0%	0%	0%		-		_		9	9	F		
A7036	Pos airway press chinstrap	\$38.16	\$38.16	0	0%	0%	0%						<u> </u>		F		
A7037	Pos airway pressure tubing	\$68.86	\$68.86	0	0%	0%	0%	9	_				9		F		
A7038	Pos airway pressure filter	\$5.39	\$5.39	0	0%	0%	0%	9	_			_	9	4	F		
A7039	Filter, non disposable w pap	\$16.60	\$16.60	0	0%	0%	0%				_	_			F		
A7040	One way chest drain valve	\$47.22	\$47.22	0	0%	0%	0%					_	ı -		F		
A7041	Water seal drain container	\$88.74	\$88.74	0	0%	0%	0%	9					9		F		
A7044	Pap oral interface	\$186.04	\$186.04	0	0%	0%	0%	9			J			1	F		
A7045	Repl exhalation port for pap	\$50.56	\$50.56	0	0%	0%	0%				_			4	F		
A7046	Repl water chamber, pap dev	\$35.62	\$35.62	0	0%	0%	0%			9	9	9	9	)	F		
A7047	Resp suction oral interface	\$182.98	\$182.98	0	0%	0%	0%	9	9	9	9	9	9	)	F		
A7048	Vacuum drain bottle/tube kit	\$49.40	\$49.40	0	0%	0%	0%	9	_		)		9	)	F		
A7501	Tracheostoma valve w diaphra	\$125.62	\$125.62	0	0%	0%	0%				9	9	9	)	F		
A7502	Replacement diaphragm/fplate	\$59.72	\$59.72	0	0%	0%	0%	9	9	9	9	9	9	)	F		
A7503	Hmes filter holder or cap	\$13.57	\$13.57	0	0%	0%	0%	9	9	9	9	9	9	)	F		
A7504	Tracheostoma hmes filter	\$0.82	\$0.82	0	0%	0%	0%	9	9	9	9	9	9	)	F		
A7505	Hmes or trach valve housing	\$5.61	\$5.61	0	0%	0%	0%		9	9	9	9	9	)	F		
A7506	Hmes/trachvalve adhesivedisk	\$0.39	\$0.39	0	0%	0%	0%	9	9	9	9	9	9	)	F		
A7507	Integrated filter & holder	\$2.98	\$2.98	0	0%	0%	0%	9	9	9	9	9	9	)	F		
A7508	Housing & integrated adhesiv	\$3.43	\$3.43	0	0%	0%	0%	9	9	9	9	9	9	)	F		
A7509	Heat & moisture exchange sys	\$1.69	\$1.69	0	0%	0%	0%	9	9	9	9	9	9	)	F		
A7520	Trach/laryn tube non-cuffed	\$56.79	\$56.79	0	0%	0%	0%	9	9	9	9	9	9	)	F		
A7521	Trach/laryn tube cuffed	\$56.27	\$56.27	0	0%	0%	0%	9	9	9	9	9	9	)	F		
A7522	Trach/laryn tube stainless	\$54.02	\$54.02	0	0%	0%	0%	9	9	9	9	9	9	)	F		
A7523	Tracheostomy shower protect	\$38.16	\$38.16	0	0%	0%	0%	9	9	9	9	9	9	)	F		
A7524	Tracheostoma stent/stud/bttn	\$92.59	\$92.59	0	0%	0%	0%	9	9	9	9	9	9	)	F		
A7525	Tracheostomy mask	\$2.47	\$2.47	0	0%	0%	0%	9	9	9	9	9	9	)	F		
A7526	Tracheostomy tube collar	\$4.06	\$4.06	0	0%	0%	0%	9	9	9	9	9	9	)	F		
A7527	Trach/laryn tube plug/stop	\$4.28	\$4.28	0	0%	0%	0%	9	9	9	9	9	9	)	F		
A8000	Soft protect helmet prefab	\$276.46	\$276.46	0	0%	0%	0%	9			9	9	9	)	F		
A8001	Hard protect helmet prefab	\$276.46	\$276.46	0	0%	0%	0%	9	9	9	9	9	9	)	F		
A8002	Soft protect helmet custom	By Report	By Report	0	0%	0%	0%		9	9	_		9	)	N		
A8003	Hard protect helmet custom	By Report	By Report	0	0%		0%				_		9	)	N		
A8004	Repl soft interface, helmet	By Report	By Report	0	0%		0%						9	)	N		
A9150	Misc/exper non-prescript dru	Bundled	Bundled	0	0%	0%	0%				_		9	)	В		
A9152	Single vitamin nos	Not Covered	Not Covered	0	0%	0%	0%				_		9	)	X		
A9153	Multi-vitamin nos	Not Covered	Not Covered	0	0%		0%						9	)	Х		
A9155	Artificial saliva	By Report	By Report	0	0%		0%								N		
A9180	Lice treatment, topical	Not Covered	Not Covered	0	0%	0%	0%								X		
A9270	Non-covered item or service	Not Covered	Not Covered	0	0%	0%	0%				_		_		X		



		DOLLA	R VALUE					ODIFIERS									
HCPCS	ADDDEWATED DECODIDION	NON-FACILITY	FACILITY	_		_						CSI	TSI	ENDO	<b>50</b> 1		PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)							BASE	FSI	LIC REQ	AUTH
A9272	Disp wound suct, drsg/access	\$453.17	\$453.17	0	0%	0%	0%								F		
A9273	Hot/cold botle/cap/col/wrap	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		В		
A9274	Ext amb insulin delivery sys	\$20.33	\$20.33	0	0%	0%	0%	9		9	9	9	9	)	F		Υ
A9275	Disp home glucose monitor	\$23.85	\$23.85	0	0%	0%	0%	9		9	·		9	)	F		Υ
A9276	Disposable sensor, cgm sys	\$16.82	\$16.82	0	0%	0%	0%			9	_		9		F		Υ
A9277	External transmitter, cgm	\$707.58	\$707.58	0	0%	0%	0%			9	9	9	9		F		Υ
A9278	External receiver, cgm sys	\$1,105.86	\$1,105.86	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
A9279	Monitoring feature/devicenoc	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
A9280	Alert device, noc	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		Ν		
A9281	Reaching/grabbing device	\$39.81	\$39.81	0	0%	0%	0%	9	9	9	9	9	9		F		
A9282	Wig any type	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
A9283	Foot press off load supp dev	\$25.44	\$25.44	0	0%	0%	0%	9	9	9	9	9	9		F		
A9284	Non-electronic spirometer	\$17.70	\$17.70	0	0%	0%	0%	9	9	9	9	9	9		F		
A9285	Inversion eversion cor devic	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
A9286	Any hygienic item, device	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
A9300	Exercise equipment	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
A9500	Tc99m sestamibi	\$35.40	\$35.40	0	0%	0%	0%	0	0	0	0	0	0	)	D		
A9501	Technetium tc-99m teboroxime	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N		Υ
A9502	Tc99m tetrofosmin	\$292.38	\$292.38	0	0%	0%	0%	0	0	0	0	0	0	)	D		Υ
A9503	Tc99m medronate	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N		
A9504	Tc99m apcitide	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0	)	N		Υ
A9505	Tl201 thallium	By Report	By Report	0	0%	0%	0%						0	1	N		Υ
A9507	In111 capromab	by report	by report	0	0%	0%	0%	0				_	0		N		
A9508	I131 iodobenguate, dx	By Report	By Report	0	0%	0%	0%	0					0		N		
A9509	lodine i-123 sod iodide mil	By Report	By Report	0	0%	0%	0%	0				_	0		N		
A9510	Tc99m disofenin	By Report	By Report	0	0%	0%	0%						0		N		Υ
A9512	Tc99m pertechnetate	By Report	By Report	0	0%	0%	0%	0			_		0	)	N		Y
A9513	Lutetium lu 177 dotatat ther	Not Covered	Not Covered	0	0%	0%	0%	9				_	9		X		
A9515	Choline c-11	Not Covered	Not Covered	0	0%	0%	0%						_		X		
A9516	lodine i-123 sod iodide mic	By Report	By Report	0	0%	0%	0%					_	Ĭ		N		
A9517	I131 iodide cap, rx	\$184.59	\$184.59	0	0%	0%	0%	0		0	0	_	0	)	F		
A9520	Tc99 tilmanocept diag 0.5mci	By Report	By Report	0	0%	0%	0%		_	9	_		9		N		V
A9521	Tc99m exametazime	By Report	By Report	0			0%						_		N		Y
A9524	I131 serum albumin, dx	By Report	By Report	0	0%		0%								N		Y
A9526	Nitrogen n-13 ammonia	\$1,310.37	\$1,310.37	0	0%	0%	0%		_				0	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	F		\ \
A9527	lodine i-125 sodium iodide	\$126.32	\$126.32	0	0%	0%	0%					_	0	1	F		I
			\$469.45	0			0%		_		_		0	\	F		
A9528 A9529	lodine i-131 iodide cap, dx	\$469.45		0	0% 0%		0%						0	1	r N		
	I131 iodide sol, dx	By Report \$64.65	By Report \$64.65	0	0%	0%	0%	0	_				0	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	F		
A9530	I131 iodide sol, rx			0			0%	_	_				0		F		
A9531	I131 max 100uci	\$56.98	\$56.98	0	0%	0%			_		Ŭ	_		<u> </u>	F		
A9532	I125 serum albumin, dx	\$328.16	\$328.16	0	0%		0%						Ŭ		•		V
A9536	Tc99m depreotide	By Report	By Report	0	0%		0%		_						N		Υ
A9537	Tc99m mebrofenin	By Report	By Report	0	0%	0%	0%								N		Υ
A9538	Tc99m pyrophosphate	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N		



		DOLLA	R VALUE					ODIFIER:									
HCPCS		NON-FACILITY	FACILITY	_		_						CSI	TSI	ENDO			PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)		(-51)	(-50)	(-80)	(-62)	(-66)	BASE	FSI	LIC REQ	AUTH
A9539	Tc99m pentetate	By Report	By Report	0		0%	0%		•		_		C	)	N		
A9540	Tc99m maa	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	C	)	N		
A9541	Tc99m sulfur colloid	\$133.62	\$133.62	0	0%	0%	0%	0	0	0	0	0	C	)	F		Υ
A9542	In111 ibritumomab, dx	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	C	)	Χ		
A9543	Y90 ibritumomab, rx	Not Covered	Not Covered	0	0%	0%	0%		0	0	0	0	C	)	Χ		
A9546	Co57/58	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	C	)	N		
A9547	In111 oxyquinoline	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	C	)	N		Υ
A9548	In111 pentetate	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	C	)	N		Υ
A9550	Tc99m gluceptate	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	C	)	N		
A9551	Tc99m succimer	\$647.37	\$647.37	0	0%	0%	0%	0	0	0	0	0	C	)	D		Υ
A9552	F18 fdg	\$658.90	\$658.90	0	0%	0%	0%	0	0	0	0	0	C	)	F		
A9553	Cr51 chromate	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	C	)	N		
A9554	I125 iothalamate, dx	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	C	)	N		Υ
A9555	Rb82 rubidium	\$1,823.13	\$1,823.13	0	0%	0%	0%	0	0	0	0	0	C	)	F		
A9556	Ga67 gallium	\$286.67	\$286.67	0	0%	0%	0%	0					C	)	F		
A9557	Tc99m bicisate	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	C	)	N		
A9558	Xe133 xenon 10mci	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	C	)	N		
A9559	Co57 cyano	By Report	By Report	0	0%	0%	0%		0	0	0	0	C	)	N		
A9560	Tc99m labeled rbc	By Report	By Report	0	0%	0%	0%	0	_			_	C	)	N		Υ
A9561	Tc99m oxidronate	By Report	By Report	0	0%	0%	0%	0			0	0	C	)	N		
A9562	Tc99m mertiatide	By Report	By Report	0	0%	0%	0%	0			0	0	C	)	N		Υ
A9563	P32 na phosphate	By Report	By Report	0	0%	0%	0%		_	_			0		N		
A9564	P32 chromic phosphate	By Report	By Report	0	0%	0%	0%	0					0	)	N		
A9566	Tc99m fanolesomab	By Report	By Report	0	0%	0%	0%	0	_				0	)	N		
A9567	Technetium tc-99m aerosol	\$307.65	\$307.65	0	0%	0%	0%	0				_	0	)	F		
A9568	Technetium tc99m arcitumomab	By Report	By Report	0	0%	0%	0%				4		0		N		
A9569	Technetium tc-99m auto wbc	By Report	By Report	0	0%	0%	0%	0			~		0		N		
A9570	Indium in-111 auto wbc	by report	by report	0	0%	0%	0%	0			_			)	N		
A9571	Indium in-111 auto platelet	By Report	By Report	0	0%	0%	0%	Ü			_	·	0	)	N		
A9572	Indium in-111 pentetreotide	by report	by report	0	0%	0%	0%	0	•					<b>′</b>	N		
A9575	Inj gadoterate meglumi 0.1ml	\$1.66	\$1.66	0	0%	0%	0%	9			_		S		F		V
A9576	Inj prohance multipack	\$1.41	\$1.41	0	0%	0%	0%	9					g		D		1
A9577	Inj multihance	\$1.83	\$1.83	0			0%				_				D		
A9578	Inj multihance multipack	\$1.76	\$1.76	0			0%								D		
A9579	Gad-base mr contrast nos,1ml			0	0%	0%	0%								N		
A9579 A9580	Sodium fluoride f-18	By Report	By Report	0	0%	0%	0%		_				0	7	N		_
		By Report	By Report	0										<u>,                                    </u>			
A9581	Gadoxetate disodium inj	By Report	By Report	Ť	0%		0%						_		N		
A9582	lodine i-123 iobenguane	Not Covered	Not Covered	0			0%								X		
A9583	Gadofosveset trisodium inj	By Report	By Report	0	0%	0%	0%	9							N		V
A9584	lodine i-123 ioflupane	By Report	By Report	0	0%	0%	0%				_		_	<u> </u>	N		Υ
A9585	Gadobutrol injection	By Report	By Report	0			0%								N		<u></u>
A9585	Gadobutrol injection	By Report	By Report	0			0%								N		\/
A9586	Florbetapir f18	\$3,085.99	\$3,085.99	0	0%	0%	0%								D		Υ
A9587	Gallium ga-68	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	9	X		



		DOLLAI	R VALUE				МС	ODIFIERS									
HCPCS	ADDDEWATED DECORPTION	NON-FACILITY	FACILITY	_	_	INTRA OP							TSI	ENDO	<b>50</b> /		PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)	(26/TC)				_			FSI	LIC REQ	AUTH
A9588	Fluciclovine f-18	By Report	By Report	0	0%	0%	0%	9	9	9	9		9		N		Y
A9589	Insti hexaminolevulinate hcl	Not Covered	Not Covered	0	0%	0%	0%	9	9		9		9		X		V
A9590	lodine i-131 iobenguane 1mci	By Report	By Report	0	0%	0%	0%	9	9	9	9		9		N X		Y
A9597 A9598	Pet, dx, for tumor id, noc Pet dx for non-tumor id, noc	Not Covered Not Covered	Not Covered Not Covered	0	0% 0%	0% 0%	0% 0%	9	9 9	9	9	9	9		X		
A9598 A9599	Radioph dx b amyloid pet nos	By Report	By Report	0	0%	0%	0%	9	9	9	9		9		N		V
A9600	Sr89 strontium	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N		+
A9604	Sm 153 lexidronam	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
A9606	Radium ra223 dichloride ther	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9		9		X		
A9698	Non-rad contrast materialnoc	By Report	By Report	0	0%	0%	0%	9	9	9	9		9		N		
A9699	Radiopharm rx agent noc	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N		
A9700	Echocardiography contrast	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
A9900	Supply/accessory/service	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		В		
A9901	Delivery/set up/dispensing	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
A9999	Dme supply or accessory, nos	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
B4034	Enter feed supkit syr by day	\$4.04	\$4.04	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
B4035	Enteral feed supp pump per d	\$7.20	\$7.20	0	0%	0%	0%	9	9	9	9		9		F		Y
B4036	Enteral feed sup kit grav by	\$5.41	\$5.41	0	0%	0%	0%	9	9	9	9		9		F		Υ
B4081	Enteral ng tubing w/ stylet	\$18.31	\$18.31	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
B4082	Enteral ng tubing w/o stylet	\$13.14	\$13.14	0	0%	0%	0%	9	9	9	9	9	9		F F		Y
B4083	Enteral stomach tube levine	\$1.96	\$1.96	0	0%	0%	0%	9	9	9	9		9		F		Y
B4087 B4088	Gastro/jejuno tube, std	\$32.92 \$35.94	\$32.92 \$35.94	0	0% 0%	0% 0%	0% 0%	9	9	9	9	9	9		F		Y
B4100	Gastro/jejuno tube, low-pro Food thickener oral	\$3.18	\$3.18	0	0%	0%	0%	9	9	9	9	9	9		F		Y
B4100 B4102	Ef adult fluids and electro	\$8.20	\$8.20	0	0%	0%	0%	9	9	9	9	Ū	9		F		Y
B4103	Ef ped fluid and electrolyte	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9		9		X		+
B4104	Additive for enteral formula	\$1.26	\$1.26	0	0%	0%	0%	9	9	_	9		9		F		Υ
B4105	Enzyme cartridge enteral nut	\$325.58	\$325.58	0	0%	0%	0%	9	9	9	9	9	9		F		<u> </u>
B4149	Ef blenderized foods	\$1.25	\$1.25	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
B4150	Ef complet w/intact nutrient	\$0.47	\$0.47	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
B4152	Ef calorie dense>/=1.5kcal	\$0.39	\$0.39	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
B4153	Ef hydrolyzed/amino acids	\$1.50	\$1.50	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
B4154	Ef spec metabolic noninherit	\$0.84	\$0.84	0			0%		9						F		Υ
B4155	Ef incomplete/modular	\$0.82	\$0.82	0		0%	0%		9				9		F		Υ
B4157	Ef special metabolic inherit	\$3.16	\$3.16	0	0%	0%	0%	9	9				9		F		Υ
B4158	Ef ped complete intact nut	Not Covered	Not Covered	0	0%	0%	0%	9	9		9		9		X		
B4159	Ef ped complete soy based	Not Covered	Not Covered	0		0%	0%		9						X		4
B4160	Ef ped caloric dense>/=0.7kc	Not Covered	Not Covered	0		0%	0%		9		9		9		X		
B4161	Ef ped hydrolyzed/amino acid	Not Covered	Not Covered	0	0%	0%	0%		9	9	9		9		X		
B4162 B4164	Ef ped specmetabolic inherit	Not Covered	Not Covered \$21.11	0	0% 0%	0% 0%	0% 0%	9	9	Ū	9		9		X F		V
B4164 B4168	Parenteral 50% dextrose solu Parenteral sol amino acid 3.	\$21.11 \$30.79	\$30.79	0		0%	0%		9	9	9		9		r F		Y
B4172	Parenteral sol amino acid 5.	By Report	By Report	0	0%	0%	0%	9	9		9		9		N		Y
B4172	Parenteral sol amino acid 7-	\$59.55	\$59.55	0	0%	0%	0%		9		9		9		F		Y
סיודם	r drenteral sol allillo acid 12	Ψυσ.υυ	Ψυσ.υυ	U	0 /0	0 70	0 /0	9	3	3	3	3	3		•		



HCPCS CODE ABBREVIATED DESCRIPTION  B4178 Parenteral sol amino acid > B4180 Parenteral sol carb > 50%  B4185 Pn soln nos 10 grams lipids	**NON-FACILITY SETTING  \$71.46  \$30.30  \$13.95  \$13.95  \$220.79	### FACILITY   SETTING   \$71.46   \$30.30   \$13.95	<b>FOL UP</b> 0	PRE OP (-56) 0%	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)					_	NDO			PRIOR
B4178 Parenteral sol amino acid > B4180 Parenteral sol carb > 50% B4185 Pn soln nos 10 grams lipids	\$71.46 \$30.30 \$13.95 \$13.95	\$71.46 \$30.30	0			(-33)	(20/10)	(-51)				/_66\ D		ECI	LIC REQ	AUTH
B4180 Parenteral sol carb > 50% B4185 Pn soln nos 10 grams lipids	\$30.30 \$13.95 \$13.95	\$30.30		0%		201	. ,			ė	·	<u> </u>		FSI	LIC KEQ	AUIH
B4185 Pn soln nos 10 grams lipids	\$13.95 \$13.95		ı nı		0%	0%							F			Y
	\$13.95	\$13.95I	U	0%	0%	0%	9					9	F			Υ
	· ·		0	0%	0%	0%	9			9		9	F			Υ
B4187 Omegaven, 10 grams lipids	# #220 <b>7</b> 01	\$13.95	0	0%	0%	0%	9			Ū		9	F			Y
B4189 Parenteral sol amino acid &	·	\$220.79	0	0%	0%	0%						9	F			Υ
B4193 Parenteral sol 52-73 gm prot	\$285.28	\$285.28	0	0%	0%	0%	9		9			9	F			Υ
B4197 Parenteral sol 74-100 gm pro	\$347.34	\$347.34	0	0%	0%	0%	9	9	9		_	9	F			Υ
B4199 Parenteral sol > 100gm prote	\$396.88	\$396.88	0	0%	0%	0%	9	9	9	U		9	F			Υ
B4216 Parenteral nutrition additiv	\$9.59	\$9.59	0	0%	0%	0%	9			-		9	F			Υ
B4220 Parenteral supply kit premix	\$9.95	\$9.95	0	0%	0%	0%	9					9	F			Υ
B4222 Parenteral supply kit homemi	\$12.27	\$12.27	0	0%	0%	0%	9		9			9	F			Υ
B4224 Parenteral administration ki	\$31.05	\$31.05	0	0%	0%	0%	9					9	F			Υ
B5000 Parenteral sol renal-amirosy	\$14.77	\$14.77	0	0%	0%	0%	9	_				9	F			Υ
B5100 Parenteral solution hepatic	\$5.77	\$5.77	0	0%	0%	0%	9	9	9	9	9	9	F	•		Υ
B5200 Parenteral sol hepatic fream	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	Ν	7		Υ
B9002 Enter nutr inf pump any type	\$815.52	\$815.52	0	0%	0%	0%	9	9	9	9	9	9	F			Υ
B9002 Enter nutr inf pump any type	\$81.55	\$81.55	0	0%	0%	0%	9	9	9	9	9	9	F			Υ
B9004 Parenteral infus pump portab	\$3,134.00	\$3,134.00	0	0%	0%	0%	9	9	9	9	9	9	F	-		Υ
B9004 Parenteral infus pump portab	\$313.40	\$313.40	0	0%	0%	0%	9	9	9	9	9	9	F			Υ
B9006 Parenteral infus pump statio	\$3,134.00	\$3,134.00	0	0%	0%	0%	9	9	9	9	9	9	F	=		Υ
B9006 Parenteral infus pump statio	\$313.40	\$313.40	0	0%	0%	0%	9	9	9	9	9	9	F	•		Υ
B9998 Enteral supp not otherwise c	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	N	1		Υ
B9999 Parenteral supp not othrws c	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	Ν	7		Υ
C1713 Anchor/screw bn/bn,tis/bn	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9	C	)		
C1714 Cath, trans atherectomy, dir	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9	C	)		
C1715 Brachytherapy needle	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9	C	)		
C1716 Brachytx, non-str, gold-198	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	Х	(		
C1717 Brachytx, non-str,hdr ir-192	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	Х	(		
C1719 Brachytx, ns, non-hdrir-192	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	Х	(		
C1721 Aicd, dual chamber	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9	C	)		
C1722 Aicd, single chamber	Facility Only	Facility Only	0	0%	0%	0%	9			9		9	C			
C1724 Cath, trans atherec, rotation	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9	C	)		
C1725 Cath, translumin non-laser	Facility Only	Facility Only	0	0%		0%	9	9	9			9	C	)		
C1726 Cath, bal dil, non-vascular	Facility Only	Facility Only	0	0%	0%	0%										
C1727 Cath, bal tis dis, non-vas	Facility Only	Facility Only	0	0%	0%	0%	9					9	C			
C1728 Cath, brachytx seed adm	Facility Only	Facility Only	0	0%	0%	0%	9						C			
C1729 Cath, drainage	Facility Only	Facility Only	0	0%		0%						-	C			
C1730 Cath, ep, 19 or few elect	Facility Only	Facility Only	0	0%	0%	0%							C			<del> </del>
C1731 Cath, ep, 20 or more elec	Facility Only	Facility Only	0	0%	0%	0%						9	C			
C1732 Cath, ep, diag/abl, 3d/vect	Facility Only	Facility Only	0	0%	0%	0%						9	C			
C1733 Cath, ep, othr than cool-tip	Facility Only	Facility Only	0	0%	0%	0%						9	C			
C1734 Orth/devic/drug bn/bn,tis/bn	Not Covered	Not Covered	0	0%	0%	0%						<del>                                     </del>	X			
C1748 Endoscope, single, ugi	By Report	By Report	0	0%	0%	0%							N			Υ
C1749 Endo, colon, retro imaging	Facility Only	Facility Only	0	0%	0%	0%							C			



CODE         ABBREVIATED DESCRIPTION         SETTING         SETTING         UP (-56)         (-54)         (-55)         (26/TC)         (-51)         (-50)         (-80)         (-62)           C1750         Cath, hemodialysis,long-term         Facility Only         Facility Only         0         0%         0%         9         9         9         9         9           C1751         Cath, inf, per/cent/midline         Facility Only         Facility Only         0         0%         0%         0%         9         9         9         9         9	7SI ENDO (-66) BASE 9 9		LIC REQ	PRIOR AUTH
C1750         Cath, hemodialysis,long-term         Facility Only         Facility Only         0         0%         0%         9         9         9         9           C1751         Cath, inf, per/cent/midline         Facility Only         Facility Only         0         0%         0%         9         9         9         9         9	9 9	_	LIC REQ	ΔΙΙΙΗ
C1751 Cath, inf, per/cent/midline Facility Only Facility Only 0 0% 0% 9 9 9 9	9	0		70111
		_		
	qı	0		
C1752 Cath,hemodialysis,short-term Facility Only Facility Only 0 0% 0% 9 9 9 9 9 9	•	0		
C1753 Cath, intravas ultrasound Facility Only Facility Only 0 0% 0% 0% 9 9 9 9 9 9	9	0		
C1754 Catheter, intradiscal Facility Only Facility Only 0 0% 0% 0% 9 9 9 9 9	9	0		
C1755 Catheter, intraspinal Facility Only Facility Only 0 0% 0% 0% 9 9 9 9 9	9	0		
C1756 Cath, pacing, transesoph Facility Only Facility Only 0 0% 0% 0% 9 9 9 9 9 9 9 9 9 9 9 9 9 9	9	0		
	9	0		
	9	0		
C1759 Cath, intra echocardiography Facility Only Facility Only 0 0% 0% 0% 9 9 9 9 9 9 9 9 9 9 9 9 9 9	9	0		
	9	0		
	9	0		
C1763 Conn tiss, non-human Facility Only Facility Only 0 0% 0% 0% 9 9 9 9 9 9 9 9 9 9 9 9 9 9	9	0		
C1764 Event recorder, cardiac Facility Only Facility Only 0 0% 0% 0% 9 9 9 9 9 9 9 9 9 9 9 9 9 9	9	0		
	9	0		
	9	0		
	9	0		
	9	0		
	9	0		
C1770Imaging coil, mr, insertableFacility OnlyFacility Only00%0%999C1771Rep dev, urinary, w/slingFacility OnlyFacility Only00%0%0%999	9	0		
C1772 Infusion pump, programmable Facility Only Facility Only 0 0% 0% 0% 9 9 9 9 9 9	9	0		
C1773 Ret dev, insertable Facility Only Facility Only 0 0% 0% 0% 9 9 9 9 9 9 9	9	0		
C1776 Joint device (implantable) Facility Only Facility Only 0 0% 0% 0% 9 9 9 9 9	9	0		
C1777 Lead, aicd, endo single coil Facility Only Facility Only 0 0% 0% 0% 9 9 9 9 9	9	0		
C1778 Lead, neurostimulator Facility Only Facility Only 0 0% 0% 0% 9 9 9 9 9	9	0		
C1779 Lead, pmkr, transvenous vdd Facility Only Facility Only 0 0% 0% 0% 9 9 9 9 9	9	0		
C1780 Lens, intraocular (new tech) Facility Only Facility Only 0 0% 0% 0% 9 9 9 9 9	9	0		
C1781 Mesh (implantable) Facility Only Facility Only 0 0% 0% 9 9 9 9 9	9	0		
C1782 Morcellator Facility Only Facility Only 0 0% 0% 9 9 9 9 9	9	0		
C1783 Ocular imp, aqueous drain de Facility Only Facility Only 0 0% 0% 9 9 9 9 9	9	0		
C1784 Ocular dev, intraop, det ret Facility Only Facility Only 0 0% 0% 9 9 9 9 9	9	0		
C1785 Pmkr, dual, rate-resp Facility Only Facility Only 0 0% 0% 9 9 9 9 9	9	0		
C1786 Pmkr, single, rate-resp Facility Only Facility Only 0 0% 0% 9 9 9 9 9	9	0		
C1787 Patient progr, neurostim Facility Only Facility Only 0 0% 0% 9 9 9 9 9	9	0		
C1788 Port, indwelling, imp Facility Only Facility Only 0 0% 0% 9 9 9 9 9	9	0		
C1789 Prosthesis, breast, imp Facility Only Facility Only 0 0% 0% 9 9 9 9 9	9	0		
C1813 Prosthesis, penile, inflatab Facility Only Facility Only 0 0% 0% 9 9 9 9 9	9	Ō		
C1814 Retinal tamp, silicone oil Facility Only Facility Only 0 0% 0% 9 9 9 9 9	9	0		
C1815 Pros, urinary sph, imp Facility Only Facility Only 0 0% 0% 9 9 9 9 9	9	0		
C1816 Receiver/transmitter, neuro Facility Only Facility Only 0 0% 0% 9 9 9 9 9	9	0		
C1817 Septal defect imp sys Facility Only Facility Only 0 0% 0% 9 9 9 9 9	9	0		
C1818 Integrated keratoprosthesis Facility Only Facility Only 0 0% 0% 9 9 9 9 9	9	0		
C1819 Tissue localization-excision Facility Only Facility Only 0 0% 0% 9 9 9 9 9	9	0		



		DOLLA	R VALUE				М	ODIFIERS	S								
HCPCS		NON-FACILITY	FACILITY			INTRA OP						CSI		ENDO			PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP		(-54)	(-55)	(26/TC)	(-51)	(-50)	(-80)	(-62)			FSI	LIC REQ	AUTH
C1820	Generator neuro rechg bat sy	Not Covered	Not Covered	0		0%	0%						,		X		
C1821	Interspinous implant	Not Covered	Not Covered	0		0%	0%				9	9	9		Χ		
C1822	Gen, neuro, hf, rechg bat	Not Covered	Not Covered	0	0%	0%	0%				9		9		X		
C1823	Gen, neuro, trans sen/stim	Not Covered	Not Covered	0	0 70	0%	0%				9		)		X		
C1824	Generator, ccm, implant	By Report	By Report	0		0%	0%				9	9	9		N		Y-UR
C1830	Power bone marrow bx needle	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		0		
C1839	Iris prosthesis	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
C1840	Telescopic intraocular lens	Not Covered	Not Covered	0	0%	0%	0%		9	9	9	9	9		X		
C1841	Retinal prosth int/ext comp	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
C1849	Skin substitute, synthetic	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
C1874	Stent, coated/cov w/del sys	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		0		
C1875	Stent, coated/cov w/o del sy	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		0		
C1876	Stent, non-coa/non-cov w/del	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		0		
C1877	Stent, non-coat/cov w/o del	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		0		
C1878	Matrl for vocal cord	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		0		
C1880	Vena cava filter	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		0		
C1881	Dialysis access system	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		0		
C1882	Aicd, other than sing/dual	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		0		
C1883	Adapt/ext, pacing/neuro lead	Facility Only	Facility Only	0	0%	0%	0%				9		9		0		
C1884	Embolization protect syst	Facility Only	Facility Only	0	0%	0%	0%				9		9		0		
C1885	Cath, translumin angio laser	Facility Only	Facility Only	0		0%	0%						9		0		
C1886	Catheter, ablation	Not Covered	Not Covered	0		0%	0%				9				X		
C1887	Catheter, guiding	Facility Only	Facility Only	0		0%	0%				9		9		0		
C1888	Endovas non-cardiac abl cath	Facility Only	Facility Only	0	0%	0%	0%				9		9		0		
C1889	Implant/insert device, noc	Facility Only	Facility Only	0		0%	0%				_	•	9		0		Y-UR
C1891	Infusion pump,non-prog, perm	Facility Only	Facility Only	0		0%	0%						9		0		1. 0.0
C1892	Intro/sheath,fixed,peel-away	Facility Only	Facility Only	0		0%	0%					_	9		0		_
C1893	Intro/sheath, fixed, non-peel	Facility Only	Facility Only	0	0%	0%	0%				9	_	0 0		0		_
C1894	Intro/sheath, non-laser	Facility Only	Facility Only	0		0%	0%				9		9		0		_
C1895	Lead, aicd, endo dual coil	Facility Only	Facility Only	0		0%	0%						_		0		<u> </u>
C1895	Lead, aicd, endo duar con Lead, aicd, non sing/dual	Facility Only	Facility Only	0	0%	0%	0%				9	_	9 9		0		_
C1897	Lead, neurostim test kit	Facility Only	Facility Only	0	0%	0%	0%		_		9	0	9 9		0		$\vdash$
	·	, ,	, ,	0							Ů	9	,				
C1898	Lead, pmkr, other than trans	Facility Only	Facility Only	0			0%								0		
C1899	Lead, pmkr/aicd combination	Facility Only	Facility Only	0			0%										
C1900	Lead, coronary venous	Facility Only	Facility Only	0		0%	0%								0		VIID
C1982	Cath, pressure, valve-occlu	By Report	By Report	0		0%	0%					_	,		N		Y-UR
C2596	Probe, robotic, water-jet	Not Covered	Not Covered	0			0%						_		X		4
C2613	Lung bx plug w/del sys	Not Covered	Not Covered	0			0%					_	, ,		X		
C2614	Probe, perc lumb disc	Not Covered	Not Covered	0	0,0	0%	0%						9		X		
C2615	Sealant, pulmonary, liquid	Facility Only	Facility Only	0	0%	0%	0%						9		0		
C2616	Brachytx, non-str,yttrium-90	Facility Only	Facility Only	0			0%								0		4
C2617	Stent, non-cor, tem w/o del	Facility Only	Facility Only	0			0%					_	, ,		0		
C2618	Probe/needle, cryo	Facility Only	Facility Only	0		0%	0%								0		
C2619	Pmkr, dual, non rate-resp	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		0		



		DOLLA	R VALUE					ODIFIERS									
HCPCS	4 D D D S	NON-FACILITY	FACILITY			INTRA OP							TSI	ENDO	<b>50</b> /		PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)							BASE	_	LIC REQ	AUTH
C2620	Pmkr, single, non rate-resp	Facility Only	Facility Only	0		0%	0%								0		
C2621	Pmkr, other than sing/dual	Facility Only	Facility Only	0		0%	0%			9			9	9	0		
C2622	Prosthesis, penile, non-inf	Facility Only	Facility Only	0	0%	0%	0%			9	9	9	9	9	0		
C2623	Cath, translumin, drug-coat	Not Covered	Not Covered	0	0%	0%	0%	9			_		9	9	X		
C2624	Wireless pressure sensor	Facility Only	Facility Only	0	0%	0%	0%				_		9	9	0		
C2625	Stent, non-cor, tem w/del sy	Facility Only	Facility Only	0		0%	0%						9	9	0		
C2626	Infusion pump, non-prog,temp	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9	9	0		
C2627	Cath, suprapubic/cystoscopic	Facility Only	Facility Only	0	0%	0%	0%	9			Ū		9	9	0		
C2628	Catheter, occlusion	Facility Only	Facility Only	0	0%	0%	0%						9	9	0		
C2629	Intro/sheath, laser	Facility Only	Facility Only	0	0%	0%	0%				9	9	9	9	0		
C2630	Cath, ep, cool-tip	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9	9	0		
C2631	Rep dev, urinary, w/o sling	Facility Only	Facility Only	0	0%	0%	0%	9		9	Ū		9	9	0		
C2634	Brachytx, non-str, ha, i-125	Not Covered	Not Covered	0	0%	0%	0%							4	X		
C2635	Brachytx, non-str, ha, p-103	Not Covered	Not Covered	0		0%	0%	9	9	9	9	9	9	)	Χ		
C2636	Brachy linear, non-str,p-103	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	9	X		
C2637	Brachy,non-str,ytterbium-169	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
C2638	Brachytx, stranded, i-125	Not Covered	Not Covered	0	0%	0%	0%		9	9	9	9	9	)	Χ		
C2639	Brachytx, non-stranded,i-125	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
C2640	Brachytx, stranded, p-103	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
C2641	Brachytx, non-stranded,p-103	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
C2642	Brachytx, stranded, c-131	Not Covered	Not Covered	0	0%	0%	0%				9	9	9	)	Χ		
C2643	Brachytx, non-stranded,c-131	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
C2644	Brachytx cesium-131 chloride	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9	)	0		
C2645	Brachytx planar, p-103	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
C2698	Brachytx, stranded, nos	Not Covered	Not Covered	0	0%	0%	0%		9	9	9	9	9	)	X		
C2699	Brachytx, non-stranded, nos	Not Covered	Not Covered	0	0%	0%	0%		9	9	9	9	9	)	Χ		
C5271	Low cost skin substitute app	Not Covered	Not Covered	0	0%	0%	0%		9	9	9	9	9	9	X		
C5272	Low cost skin substitute app	Not Covered	Not Covered	0	0%	0%	0%		9	9	9	9	9	)	Χ		
C5273	Low cost skin substitute app	Not Covered	Not Covered	0	0%	0%	0%				9	9	9	9	X		
C5274	Low cost skin substitute app	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	9	X		
C5275	Low cost skin substitute app	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	9	X		
C5276	Low cost skin substitute app	Not Covered	Not Covered	0	0%	0%	0%			9	•		9		X		
C5277	Low cost skin substitute app	Not Covered	Not Covered	0			0%								X		
C5278	Low cost skin substitute app	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	9	X		
C8900	Mra w/cont, abd	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9	)	0		
C8901	Mra w/o cont, abd	Facility Only	Facility Only	0	0%	0%	0%		9	9	9	9	9	9	0		
C8902	Mra w/o fol w/cont, abd	Facility Only	Facility Only	0			0%						9	)	0		
C8903	Mri w/cont, breast, uni	Facility Only	Facility Only	0			0%			9			9	)	0		
C8905	Mri w/o fol w/cont, brst, un	Facility Only	Facility Only	0	0%	0%	0%		9	9			9	)	0		
C8906	Mri w/cont, breast, bi	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	•		9	)	0		
C8908	Mri w/o fol w/cont, breast,	Facility Only	Facility Only	0			0%						9	)	0		
C8909	Mra w/cont, chest	Facility Only	Facility Only	0		0%	0%	9	9	9	9	9	9	)	0		
C8910	Mra w/o cont, chest	Facility Only	Facility Only	0	0%	0%	0%						9	)	0		
C8911	Mra w/o fol w/cont, chest	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9	)	0		



			R VALUE					ODIFIERS									
HCPCS CODE	ABBREVIATED DESCRIPTION	NON-FACILITY SETTING	FACILITY SETTING	FOL UP	PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	<i>PCTC</i> (26/TC)						ENDO BASE	FSI	LIC REQ	PRIOR AUTH
C8912	Mra w/cont, lwr ext	Facility Only	Facility Only	0.		0%	0%						, ,		0		710111
C8913	Mra w/o cont, lwr ext	Facility Only	Facility Only	0		0%	0%					_	_		0		
C8914	Mra w/o fol w/cont, lwr ext	Facility Only	Facility Only	0	0%	0%	0%	9			_				0		_
C8918	Mra w/cont, pelvis	Facility Only	Facility Only	0	0%	0%	0%	9					_		0		
C8919	Mra w/o cont, pelvis	Facility Only	Facility Only	0		0%	0%				1		_		0		
C8920	Mra w/o fol w/cont, pelvis	Facility Only	Facility Only	0		0%	0%			9					0		-
C8921	Tte w or w/o fol w/cont, com	Not Covered	Not Covered	0	0%	0%	0%	9					_		X		
C8921	Tte w or w/o fol w/cont, f/u	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	_	_	9		X		_
C8923	2d tte w or w/o fol w/con,co		Facility Only	0		0%	0%	_	_	O	U		9		0		
C8924		Facility Only	<del> </del>	0		0%	0%								0		4
	2d tte w or w/o fol w/con,fu	Facility Only	Facility Only	0		0%	0%								0		
C8925	2d tee w or w/o fol w/con,in	Facility Only	Facility Only	0	0%			9			Ŭ		9		X		$\blacksquare$
C8926	Tee w or w/o fol w/cont,cong	Not Covered	Not Covered	0	0%	0%	0%	9			Ŭ		Ŭ		/ \		
C8927	Tee w or w/o fol w/cont, mon	Facility Only	Facility Only	0	0,0	0%	0%				_				0		4
C8928	Tte w or w/o fol w/con,stres	Facility Only	Facility Only	0		0%	0%								0		
C8929	Tte w or wo fol wcon,doppler	Facility Only	Facility Only	0	0%	0%	0%	9					9		0		
C8930	Tte w or w/o contr, cont ecg	Facility Only	Facility Only	0	0%	0%	0%	9	Ů		O	,	9		0		
C8931	Mra, w/dye, spinal canal	Facility Only	Facility Only	0	0,0	0%	0%			9			Ť		0		
C8932	Mra, w/o dye, spinal canal	Facility Only	Facility Only	0	0,0	0%	0%				_		Ŭ		0		
C8933	Mra, w/o&w/dye, spinal canal	Facility Only	Facility Only	0	0%	0%	0%	9			Ŭ		9		0		
C8934	Mra, w/dye, upper extremity	Facility Only	Facility Only	0	0%	0%	0%	9			Ŭ		Ŭ		0		
C8935	Mra, w/o dye, upper extr	Facility Only	Facility Only	0	0,0	0%	0%								0		
C8936	Mra, w/o&w/dye, upper extr	Facility Only	Facility Only	0		0%	0%								0		
C8937	Cad breast mri	Not Covered	Not Covered	0	0%	0%	0%	9		9	_		9		X		
C8957	Prolonged iv inf, req pump	Facility Only	Facility Only	0	0%	0%	0%	9		9	O		9		0		
C9034	Injection, dexamethasone 9%	Facility Only	Facility Only	0	- , ,	0%	0%						9		0		
C9041	Inj, coagulation factor xa	Facility Only	\$330.00	0		0%	0%				9	9	9		0		
C9046	Cocaine hcl nasal solution	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
C9047	Injection, caplacizumab-yhdp	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
C9053	Inj, crizanlizumab-tmca	Not Covered	Not Covered	0	0,0	0%	0%	9	9	9	9	9	9		X		
C9054	Injection, lefamulin	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
C9055	Inj, brexanolone	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
C9056	Injection, givosiran	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
C9057	Inj cetirizine hydrochloride	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
C9058	Injection,pegfilgrastim-bmez	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
C9059	Injection, meloxicam	\$1.94	\$1.94	0	0%	0%	0%	9	9	9	9	9	9		F		
C9061	Injection, teprotumumab-trbw	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
C9063	Injection, eptinezumab-jjmr	\$9.24	\$9.24	0			0%						9		F		Υ
C9113	Inj pantoprazole sodium, via	by report	by report	0			0%						9		N		
C9122	Mometasone furoate (sinuva)	By Report	By Report	0	0%	0%	0%			9	_		9		N		Υ
C9132	Kcentra, per i.u.	by report	by report	0	0%	0%	0%						9		N		Υ
C9140	Afstyla factor viii recomb	Facility Only	Facility Only	0		0%	0%				_		_		0		Y
C9248	Inj, clevidipine butyrate	by report	by report	0			0%						_		N		Ϋ́
C9250	Artiss fibrin sealant	By Report	By Report	0	0%	0%	0%								N		
C9254	Injection, lacosamide	by report	by report	0	0%	0%	0%						_		N		
	In Journal of the Control of the Con	- J 100011	-,		0 / 0	0 / 0	0 70	J									



		DOLLA	R VALUE					ODIFIERS									
HCPCS CODE	ABBREVIATED DESCRIPTION	NON-FACILITY SETTING	FACILITY SETTING	FOL UP	PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	<i>PCTC</i> (26/TC)				CSI (-62)		ENDO BASE	FSI	LIC REQ	PRIOR AUTH
C9257	Bevacizumab injection	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
C9285	Patch, lidocaine/tetracaine	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
C9290	Inj, bupivacaine liposome	by report	by report	0	0%	0%	0%	9	9	9	9	9	9		N		
C9293	Injection, glucarpidase	\$3,077.16	\$3,077.16	0	0%	0%	0%	9					9		D		Υ
C9352	Neuragen nerve guide, per cm	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		0		
C9353	Neurawrap nerve protector,cm	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		0		
C9354	Veritas collagen matrix, cm2	Facility Only	Facility Only	0	0%	0%	0%	9		9	_	_	9		0		
C9355	Neuromatrix nerve cuff, cm	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		0		
C9356	Tenoglide tendon prot, cm2	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		0		
C9358	Surgimend, fetal	Facility Only	Facility Only	0	0%	0%	0%						9		0		
C9359	Implnt,bon void filler-putty	Facility Only	Facility Only	0	0%	0%	0%	9			_	_	9		0		
C9360	Surgimend, neonatal	Facility Only	Facility Only	0	0%	0%	0%	9					9		0		
C9361	Neuromend nerve wrap	Facility Only	Facility Only	0	0%	0%	0%				1		9		0		
C9362	Implnt,bon void filler-strip	Facility Only	Facility Only	0	0%	0%	0%						9		0		
C9363	Integra meshed bil wound mat	Facility Only	Facility Only	0	0%	0%	0%	9				_	9		0		
C9364	Porcine implant, permacol	Not Covered	Not Covered	0	0%	0%	0%	9		9			9		X		
C9399	Unclassified drugs or biolog	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	_	•	9		0		
C9458	Florbetaben f18	By Report	By Report	0	0%	0%	0%			9			9		N		
C9459	Flutemetamol f18	By Report	By Report	0	0%	0%	0%	9		Ť	_	_	9		N		
C9460	Injection, cangrelor	By Report	By Report	0	0%	0%	0%	9					9		N		
C9462	Injection, delafloxacin	By Report	By Report	0	0%	0%	0%				1		9		N		
C9469	Inj triamcinolone acetonide	By Report	By Report	0	0%	0%	0%			9			9		N		
C9484	Injection, eteplirsen	Not Covered	Not Covered	0	0%	0%	0%	9			_	_	9		X		
C9485	Injection, olaratumab	By Report	By Report	0	0%	0%	0%	9		9			9		N		Υ
C9486	Inj, granisetron ext	by report	by report	0	0%	0%	0%	_		O			J		N		Y
C9487	Ustekinumab iv inj, 1 mg	by report	by report	0	0%	0%	0%						9		N		· V
C9488	Conivaptan hol	\$3.82	\$3.82	0	0%	0%	0%	9			_		9		D		'
C9600	Perc drug-el cor stent sing	Not Covered	Not Covered	0	0%	0%	0%	9		9			9		X		
C9601	Perc drug-el cor stent bran	Not Covered	Not Covered	0	0%	0%	0%						9		X		
C9602	Perc d-e cor stent ather s	Not Covered	Not Covered	0	0%	0%	0%	9					9		X		
C9603	Perc d-e cor stent ather br	Not Covered	Not Covered	0	0%	0%	0%	9					9		X		
C9604	Perc d-e cor revasc t cabg s	Not Covered	Not Covered	0	0%	0%	0%	9		9			9		X		
C9605	Perc d-e cor revasc t cabg s	Not Covered	Not Covered	0			0%			U					X		
C9606	Perc d-e cor revasc v ami s	Not Covered	Not Covered	0			0%								X		
C9607	Perc d-e cor revasc w arms  Perc d-e cor revasc chro sin	Not Covered	Not Covered	0	0%	0%	0%								X		
C9608	Perc d-e cor revasc chro add	Not Covered	Not Covered	0	0%	0%	0%						_		X		
C9606 C9725		Not Covered	Not Covered	0			0%						_		X		
C9725	Place endorectal app  Rxt breast appl place/remov	Not Covered	Not Covered	0			0%						9		X		-
				0	0%	0%	0%						9		^ O		
C9727 C9728	Insert palate implants Place device/marker, non pro	Facility Only Not Covered	Facility Only Not Covered	0	0%	0%	0%						9				
				0									9		X		
C9733	Non-ophthalmic fva	Not Covered	Not Covered	0			0%								X		
C9734	U/s trtmt, not leiomyomata	Not Covered	Not Covered	0			0%								X		
C9738	Blue light cysto imag agent	Facility Only	Facility Only	0	0%	0%	0%								0		
C9739	Cystoscopy prostatic imp 1-3	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		



		DOLLAI	R VALUE					ODIFIERS									
HCPCS	ADDDEWATED DESCRIPTION	NON-FACILITY	FACILITY	_		INTRA OP				BSI		CSI	TSI	ENDO	<b></b>	. IC DEO	PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)						•	BASE	FSI	LIC REQ	AUTH
C9740	Cysto impl 4 or more	Not Covered	Not Covered	0	0%	0%	0%							_	X		4
C9745	Nasal endo eustachian tube	Facility Only	Facility Only	0	0%	0%	0%		_		4				0		Υ
C9747	Ablation, hifu, prostate	Facility Only	Facility Only	0	0%	0%	0%	9					9	9	0		Υ
C9749	Repair nasal stenosis w/imp	Facility Only	Facility Only	0	0%	0%	0%	9		9	_		9	9	0		Υ
C9751	Microwave bronch, 3d, ebus	Facility Only	\$8,250.50	0	0%	0%	0%			9	_		9	9	0		Y-UR
C9752	Intraosseous des lumb/sacrum	Not Covered	Not Covered	0	0%	0%	0%						<u> </u>		X		
C9753	Intraosseous destruct add'l	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	9	X		
C9754	Perc av fistula, direct	Facility Only	\$9,669.04	0	0%	0%	0%	9		9	Ū		9	9	0		Y
C9755	Rf magnetic-guide av fistula	Facility Only	\$9,669.04	0	0%	0%	0%			9	9	9	9		0		Υ
C9756	Fluorescence lymph map w/icg	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	9	Ν		Y-UR
C9757	Spine/lumbar disk surgery	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	9	N		Y-UR
C9758	Interatrial shunt ide	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
C9759	Transcath intraop microinf	By Report	By Report	0	0%	0%	0%						9		N		Y-UR
C9760	Non-blind interatrial shunt	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
C9762	Cardiac mri seg dys strain	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	)	N		Y-UR
C9763	Cardiac mri seg dys stress	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	9	N		Y-UR
C9764	Revasc intravasc lithotripsy	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	)	N		Y-UR
C9765	Revasc intra lithotrip-stent	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	)	N		Y-UR
C9766	Revasc intra lithotrip-ather	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	S.	)	N		Y-UR
C9767	Revasc lithotrip-stent-ather	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	)	N		Y-UR
C9803	COVID Specimen collection - outp		\$25.00	0	0%	0%	0%	9	9	9	9	9	9	)	0		
C9898	Inpnt stay radiolabeled item	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9	9	0		
C9899	Inpt implant pros dev,no cov	Not Covered	Not Covered	0	0%	0%	0%	9			9	9	S S	)	X		
D0120	Periodic oral evaluation	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	9	X		
D0140	Limit oral eval problm focus	\$75.20	\$75.20	0	0%	0%	0%	9	9	9	9	9	9	)	F		
D0145	Oral evaluation, pt < 3yrs	Not Covered	Not Covered	0	0%	0%	0%			9			9	)	X		
D0150	Comprehensve oral evaluation	\$88.32	\$88.32	0	0%	0%	0%	0					C	)	F		
D0160	Extensy oral eval prob focus	\$154.78	\$154.78	0	0%	0%	0%	9					9	)	F		
D0170	Re-eval,est pt,problem focus	\$75.20	\$75.20	0	0%	0%	0%						9	)	F		
D0171	Re-eval post-op visit	\$64.71	\$64.71	0	0%	0%	0%			9			9	9	F		1
D0180	Comp periodontal evaluation	Not Covered	Not Covered	0	0%	0%	0%	9		9	_		9		X		
D0190	Screening of a patient	\$78.70	\$78.70	0	0%	0%	0%			9	_		9		F		
D0191	Assessment of a patient	\$79.58	\$79.58	0			0%								F		
D0210	Intraor complete film series	\$134.66	\$134.66	0	0%		0%								F		
D0220	Intraoral periapical first	\$29.73	\$29.73	0	0%	0%	0%								F		
D0230	Intraoral periapical ea add	\$25.36	\$25.36	0	0%	0%	0%						C	7	F		$\vdash$
D0230	Intraoral occlusal film	\$41.98	\$41.98	0	0%	0%	0%					_	0		F		
D0240	Extraoral 2d project image	\$66.46	\$66.46	0		0%	0%						ı -	4	F		<del>                                     </del>
D0250	Extraoral posterior image	By Report	By Report	0	0%	0%	0%		_						N		
D0231	Dental bitewing single image	\$29.73	\$29.73	0	0%	0%	0%						0		F		
D0270		\$47.22	\$47.22	0		0%	0%							,	F		_
D0272	Dental bitewings two images Bitewings - three images	\$55.97	\$55.97	0		0%	0%						<b>└</b>		F		4
				0											F		
D0274	Bitewings four images	\$67.34	\$67.34	0	0%	0%	0%								F		
D0277	Vert bitewings 7 to 8 images	\$100.56	\$100.56	U	0%	0%	0%	9	9	9	9	9	9	2	Г		



		DOLLAI	R VALUE					ODIFIERS									
HCPCS	ADDDEWATED DECORPTION	NON-FACILITY	FACILITY	_		INTRA OP						CSI	TSI	ENDO	<b>50</b> /	o. p.co	PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)							BASE	FSI	LIC REQ	AUTH
D0310	Dental saliography	Not Covered	Not Covered	0	0%	0%	0%								X		
D0320	Dental tmj arthrogram incl i	\$590.25	\$590.25	0	0%	0%	0%					_			F		
D0321	Other tmj images by report	\$205.50	\$205.50	0	0%	0%	0%	9				_	9		F		
D0322	Dental tomographic survey	\$485.32	\$485.32	0	0%	0%	0%	9			Ŭ		9		F		
D0330	Panoramic image	\$114.55	\$114.55	0	0%	0%	0%		_		_		9		F		
D0340	2d cephalometric image	\$119.80	\$119.80	0	0%	0%	0%						<u> </u>		F		Υ
D0350	Oral/facial photo images	\$72.58	\$72.58	0	0%	0%	0%	9	9	9	9	9	9		F		
D0351	3d photographic image	Not Covered	Not Covered	0	0%	0%	0%	9				_	9	)	X		
D0364	Cone beam ct capt & interp	\$353.28	\$353.28	0	0%	0%	0%				9	9	9		F		
D0365	Cone beam ct interprete man	\$371.64	\$371.64	0	0%	0%	0%	9	9	9	9	9	9		F		
D0366	Cone beam ct interprete max	\$361.14	\$361.14	0	0%	0%	0%	9					9		F		
D0367	Cone beam ct interp both jaw	\$369.89	\$369.89	0	0%	0%	0%	9			J		9		F		
D0368	Cone beam ct interprete tmj	\$391.75	\$391.75	0	0%	0%	0%				_		9		F		<u> </u>
D0369	Max mri capture & interprete	\$704.80	\$704.80	0	0%	0%	0%	9	9	9	9	9	9		F		
D0370	Max ultrasound capt & interp	\$519.42	\$519.42	0	0%	0%	0%	9	9	9	9	9	9		F		
D0371	Sialoendoscopy capt & interp	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
D0380	Cone beam ct capture limited	\$329.67	\$329.67	0	0%	0%	0%	9	9	9	9	9	9		F		
D0381	Cone beam ct capt mandible	\$364.64	\$364.64	0	0%	0%	0%	9	9	9	9	9	9	)	F		
D0382	Cone beam ct capt maxilla	\$368.14	\$368.14	0	0%	0%	0%	9	9	9	9	9	9	)	F		
D0383	Cone beam ct both jaws	\$404.87	\$404.87	0	0%	0%	0%	9	9	9	9	9	9	)	F		
D0384	Cone beam ct capture tmj	\$345.41	\$345.41	0	0%	0%	0%	9	9	9	9	9	9	)	F		
D0385	Max mri image capture	\$517.67	\$517.67	0	0%	0%	0%	9	9	9	9	9	9		F		
D0386	Max ultrasound image capture	\$466.95	\$466.95	0	0%	0%	0%	9	9	9	9	9	9	)	F		
D0391	Imterprete diagnostic image	\$300.81	\$300.81	0	0%	0%	0%	9	9	9	9	9	9		F		
D0393	Trtmnt simulation 3d image	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	)	N		Υ
D0394	Digital sub 2 or more images	\$279.82	\$279.82	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D0395	Fusion 2 or more 3d images	\$337.53	\$337.53	0	0%	0%	0%	9	9	9	9	9	9	)	F		Υ
D0411	Hba1c in office testing	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	)	N		Υ
D0412	Blood glucose level test	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
D0414	Lab process microbial spec	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
D0415	Collection of microorganisms	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
D0416	Viral culture	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
D0417	Collect & prep saliva sample	Not Covered	Not Covered	0	0%						_		9		X		
D0418	Analysis of saliva sample	Not Covered	Not Covered	0	0%										Х		
D0419	Assess of salivary flow	Not Covered	Not Covered	0	0%	0%	0%						9		X		
D0422	Collect & prep genetic samp	Not Covered	Not Covered	0	0%	0%	0%						9		X		
D0423	Genetic test spec analysis	Not Covered	Not Covered	0	0%	0%	0%		_				9		X		
D0425	Caries susceptibility test	Not Covered	Not Covered	0	0%	0%	0%							<del>d</del>	X		1
D0431	Diag tst detect mucos abnorm	Not Covered	Not Covered	0	0%	0%	0%				_		_		X		
D0460	Pulp vitality test	\$57.71	\$57.71	0	0%	0%	0%		_			_	0		F		
D0470	Diagnostic casts	\$120.67	\$120.67	0		0%	0%						9		F		
D0470	Gross exam, prep & report	Not Covered	Not Covered	0	0%	0%	0%								X		1
D0473	Micro exam, prep & report	Not Covered	Not Covered	0	0%	0%	0%						_		X		
D0473	Micro w exam of surg margins	Not Covered	Not Covered	0	0%	0%	0%				+		_		X		
DUT1 T	THISTO W CAUTH OF SURY MARYINS	140t Oovered	HOL GOVERGE		0 /0	0 70	0 70	9	9	9		1	1		, <b>\</b>		4



		DOLLAI	R VALUE					ODIFIERS									
HCPCS		NON-FACILITY	FACILITY			INTRA OP						CSI	TSI	ENDO			PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)	(26/TC)	(-51)	(-50)	(-80)	(-62)	(-66)	BASE	FSI	LIC REQ	AUTH
D0475	Decalcification procedure	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
D0476	Spec stains for microorganis	Not Covered	Not Covered	0	0,0	0%	0%	9	9	9	9	9	9		Χ		
D0477	Spec stains not for microorg	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
D0478	Immunohistochemical stains	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
D0479	Tissue in-situ hybridization	Not Covered	Not Covered	0	0%	0%	0%	9			9	9	9		Χ		
D0480	Cytopath smear prep & report	Not Covered	Not Covered	0		0%	0%	9		9	9	9	9		X		
D0481	Electron microscopy	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
D0482	Direct immunofluorescence	Not Covered	Not Covered	0	0%	0%	0%	9			9		9		X		
D0483	Indirect immunofluorescence	Not Covered	Not Covered	0	0%	0%	0%	9			9	9	9		Χ		
D0484	Consult slides prep elsewher	Not Covered	Not Covered	0	0%	0%	0%			9	9	9	9		Χ		
D0485	Consult inc prep of slides	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
D0486	Access of transep cytol samp	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
D0502	Other oral pathology procedu	\$159.15	\$159.15	0	0%	0%	0%	0	•		0		0		F		
D0600	Non-ionizing diag proc	By Report	By Report	0	0%	0%	0%	9		9	9	9	9		N		
D0601	Caries risk assess low risk	\$78.70	\$78.70	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D0602	Caries risk assess mod risk	\$73.45	\$73.45	0	0%	0%	0%	9		9	9	_	9		F		Υ
D0603	Caries risk assess high risk	\$73.45	\$73.45	0	0,0	0%	0%	9			9	9	9		F		Υ
D0999	Unspecified diagnostic proce	By Report	By Report	0	0%	0%	0%	0	Ŭ		0		0		N		Υ
D1110	Dental prophylaxis adult	\$92.69	\$92.69	0	0%	0%	0%	9	9	9	9	9	9		F		
D1120	Dental prophylaxis child	Not Covered	Not Covered	0	0%	0%	0%	9		9	9		9		X		
D1206	Topical fluoride varnish	Not Covered	Not Covered	0	0%	0%	0%	9		9	9		9		Χ		
D1208	Topical app fluorid ex vrnsh	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
D1310	Nutri counsel-control caries	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		В		
D1320	Tobacco counseling	Bundled	Bundled	0	0%	0%	0%	9		9	9		9		В		
D1330	Oral hygiene instruction	Bundled	Bundled	0	0%	0%	0%	9			9		9		В		
D1351	Dental sealant per tooth	Not Covered	Not Covered	0	0%	0%	0%	9			9		9		Х		
D1352	Prev resin rest, perm tooth	\$111.93	\$111.93	0	0%	0%	0%	9					9		F		Υ
D1353	Sealant repair per tooth	Not Covered	Not Covered	0	0%	0%	0%	9		9	9		9		X		
D1354	Int caries med app per tooth	By Report	By Report	0	0%	0%	0%	9							N		
D1510	Space maintainer fxd unilat	\$314.80	\$314.80	0		0%	0%	0		0	0	0	0		F		
D1516	Fixed bilat space maint, max	By Report	By Report	0	0%	0%	0%	9	_		9	·	9		N		Υ
D1517	Fixed bilat space maint, man	By Report	By Report	0	0%	0%	0%	9	,	9	9		9		N		Υ
D1520	Remove unilat space maintain	\$381.26	\$381.26	_			0%								F		
D1526	Remove bilat space main, max	By Report	By Report	0			0%								N		Υ
D1527	Remove bilat space main, man	By Report	By Report	0	0%	0%	0%	9					9		N		Υ
D1551	Recement space maint - max	Not Covered	Not Covered	0	0%	0%	0%	0	,		)		0		X		
D1552	Recement space maint - man	Not Covered	Not Covered	0			0%						Ŭ		X		
D1553	Recement unilat space maint	Not Covered	Not Covered	0			0%						<u> </u>		X		
D1556	Rem fixed unilat space maint	Not Covered	Not Covered	0	0%	0%	0%				9		9		X		
D1557	Remove fixed bilat maint max	Not Covered	Not Covered	0	0%	0%	0%								X		
D1558	Remove fixed bilat man	Not Covered	Not Covered	0		0%	0%								X		4
D1575	Dist space maint, fixed unil	By Report	By Report	0			0%						9		N		Υ
D1999	Unspecified preventive proc	By Report	By Report	0	0%	0%	0%			9			9		N		Υ
D2140	Amalgam one surface permanen	\$150.40	\$150.40	0	0%	0%	0%	9	9	9	9	9	9		F		



		DOLLAR	VALUE				МС	ODIFIERS	3								
HCPCS		NON-FACILITY	FACILITY			INTRA OP					ASI			ENDO			PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)	(26/TC)	(-51)	(-50)	(-80)	(-62)	(-66)	BASE	FSI	LIC REQ	AUTH
D2150	Amalgam two surfaces permane	\$190.63	\$190.63	0	0%	0%	0%	9	9	9	9	9	9		F		
D2160	Amalgam three surfaces perma	\$231.73	\$231.73	0	0%	0%	0%	9	9	9	9	9	9		F		
D2161	Amalgam 4 or > surfaces perm	\$273.70	\$273.70	0	0%	0%	0%	9	9	9	9	9	9		F		
D2330	Resin one surface-anterior	\$172.26	\$172.26	0	0%	0%	0%	9			9		9		F		
D2331	Resin two surfaces-anterior	\$208.12	\$208.12	0		0%	0%				9	9	,		F		
D2332	Resin three surfaces-anterio	\$256.22	\$256.22	0	0%	0%	0%	9	9	9	9	9	9		F		
D2335	Resin 4/> surf or w incis an	\$320.05	\$320.05	0	0%	0%	0%	9	9	9	9	9	9		F		
D2390	Ant resin-based cmpst crown	\$473.08	\$473.08	0	0%	0%	0%	9	9		9	9	9		F		
D2391	Post 1 srfc resinbased cmpst	\$184.50	\$184.50	0	0%	0%	0%	9	9	9	9	9	9		F		
D2392	Post 2 srfc resinbased cmpst	\$235.22	\$235.22	0	0%	0%	0%	9	9	9	9	9	9		F		
D2393	Post 3 srfc resinbased cmpst	\$289.44	\$289.44	0	0%	0%	0%	9	9	9	9	9	9		F		
D2394	Post >=4srfc resinbase cmpst	\$346.29	\$346.29	0	0%	0%	0%	9	9	9	9	9	9		F		
D2410	Dental gold foil one surface	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
D2420	Dental gold foil two surface	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
D2430	Dental gold foil three surfa	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
D2510	Dental inlay metalic 1 surf	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
D2520	Dental inlay metallic 2 surf	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
D2530	Dental inlay metl 3/more sur	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
D2542	Dental onlay metallic 2 surf	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
D2543	Dental onlay metallic 3 surf	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
D2544	Dental onlay metl 4/more sur	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
D2610	Inlay porcelain/ceramic 1 su	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
D2620	Inlay porcelain/ceramic 2 su	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
D2630	Dental onlay porc 3/more sur	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
D2642	Dental onlay porcelin 2 surf	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
D2643	Dental onlay porcelin 3 surf	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
D2644	Dental onlay porc 4/more sur	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
D2650	Inlay composite/resin one su	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
D2651	Inlay composite/resin two su	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
D2652	Dental inlay resin 3/mre sur	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
D2662	Dental onlay resin 2 surface	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
D2663	Dental onlay resin 3 surface	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
D2664	Dental onlay resin 4/mre sur	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
D2710	Crown resin-based indirect	\$982.00	\$982.00	0	0%	0%	0%	9	9	9	9	9	_		F		Υ
D2712	Crown 3/4 resin-based compos	\$1,053.71	\$1,053.71	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D2720	Crown resin w/ high noble me	\$1,078.20	\$1,078.20	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D2721	Crown resin w/ base metal	\$1,031.84	\$1,031.84	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D2722	Crown resin w/ noble metal	\$1,063.33	\$1,063.33	0	0%		0%					9	9		F		Υ
D2740	Crown porcelain/ceramic	\$1,160.39	\$1,160.39	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D2750	Crown porcelain w/ h noble m	\$1,147.27	\$1,147.27	0		0%	0%				9	9	9		F		Υ
D2751	Crown porcelain fused base m	\$1,074.70	\$1,074.70	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D2752	Crown porcelain w/ noble met	\$1,103.56	\$1,103.56	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D2753	Crown porc fused to titanium	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
D2780	Crown 3/4 cast hi noble met	\$1,117.54	\$1,117.54	0	0%	0%	0%	9	9	9	9	9	9		F		Υ



		DOLLAI	R VALUE				М	ODIFIERS	3								
HCPCS CODE	ABBREVIATED DESCRIPTION	NON-FACILITY SETTING	FACILITY SETTING	FOL UP	PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	<i>PCTC</i> (26/TC)						ENDO BASE	FSI	LIC REQ	PRIOR AUTH
D2781	Crown 3/4 cast base metal	\$1,079.07	\$1,079.07	0	0%	0%	0%	. ,				÷	<del>`                                    </del>		F	2.0 1.2 4	V
D2782	Crown 3/4 cast base metal	\$1,079.94	\$1,079.94	0	0%	0%	0%			9	_		9		F		Y
D2783	Crown 3/4 porcelain/ceramic	\$1,079.94	\$1,079.94	0	0%	0%	0%	9			_	_	9		E		V
D2790	Crown full cast high noble m	\$1,182.25	\$1,182.25	0	0%	0%	0%	9					9				V
D2790 D2791	Crown full cast high hobie in	\$1,035.35	\$1,035.35	0	0%	0%	0%				1		9		F		Y
D2791 D2792	Crown full cast pase metal	\$1,087.81	\$1,087.81	0	0%	0%	0%			9			9		F		Υ
				0	0%	0%	0%	9		9		_	9		F		Y
D2794	Crown-titanium	\$1,124.54	\$1,124.54	0						9	_ ŭ		9		F		Y
D2799	Provisional crown	\$452.09	\$452.09	0	0%	0% 0%	0% 0%	9	9	5	J		9		F		Y
D2910	Recement inlay onlay or part	\$118.93	\$118.93	Ŭ	0%		0%				_		9		<u>r</u> F		
D2915	Recement cast or prefab post	\$120.67	\$120.67	0	0%	0%						_	9		F		
D2920	Re-cement or re-bond crown	\$116.30	\$116.30	0	0%	0%	0%	9					9		F		\ <u></u>
D2921	Reattach tooth fragment	\$271.95	\$271.95	0	0%	0%	0%	9		9	Ū		9		F		Y
D2929	Prefab porc/ceram crown pri	\$366.39	\$366.39	0	0%	0%	0%				_		9		1		Υ
D2930	Prefab stnlss steel crwn pri	\$271.08	\$271.08	0	0%	0%	0%					_			F		
D2931	Prefab stnlss steel crown pe	\$313.05	\$313.05	0	0%	0%	0%	9					9		<u> </u>		
D2932	Prefabricated resin crown	\$357.65	\$357.65	0	0%	0%	0%	9	Ů	9	J		9		<u>F</u>		
D2933	Prefab stainless steel crown	\$369.89	\$369.89	0	0%	0%	0%			9	·		9		F		
D2934	Prefab steel crown primary	\$365.52	\$365.52	0	0%	0%	0%			9		_	9		F		
D2940	Protective restoration	\$128.55	\$128.55	0	0%	0%	0%	9		9	U		9		F		
D2941	Int therapeutic restoration	Not Covered	Not Covered	0	0%	0%	0%	9			Ū		9		X		
D2949	Restorative foundation	\$223.86	\$223.86	0	0%	0%	0%						9		F		Υ
D2950	Core build-up incl any pins	\$269.33	\$269.33	0	0%	0%	0%	9		9		_	9		F		
D2951	Tooth pin retention	\$78.70	\$78.70	0	0%	0%	0%	9		9	9	9	9		F		
D2952	Post and core cast + crown	\$414.49	\$414.49	0	0%	0%	0%	9		9	O		9		F		Υ
D2953	Each addtnl cast post	\$322.67	\$322.67	0	0%	0%	0%						9		F		Υ
D2954	Prefab post/core + crown	\$336.66	\$336.66	0	0%	0%	0%			9	9	9	9		F		Υ
D2955	Post removal	\$296.44	\$296.44	0	0%	0%	0%	9	9	9	9	9	9		F		
D2957	Each addtnl prefab post	\$215.11	\$215.11	0	0%	0%	0%	9	9	9	Ü		9		F		Υ
D2960	Laminate labial veneer	\$688.18	\$688.18	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D2961	Lab labial veneer resin	\$1,022.23	\$1,022.23	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D2962	Lab labial veneer porcelain	\$1,172.63	\$1,172.63	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D2971	Add proc construct new crown	\$249.21	\$249.21	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D2975	Coping	\$621.73	\$621.73	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D2980	Crown repair	\$294.69	\$294.69	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D2981	Inlay repair	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
D2982	Onlay repair	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
D2983	Veneer repair	\$297.31	\$297.31	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D2990	Resin infiltration of lesion	\$184.50	\$184.50	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D2999	Dental unspec restorative pr	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N		Υ
D3110	Pulp cap direct	\$84.82	\$84.82	0	0%	0%	0%	9	9	9	9	9	9		F		
D3120	Pulp cap indirect	\$84.82	\$84.82	0	0%	0%	0%	9	9	9	9	9	9		F		
D3220	Therapeutic pulpotomy	\$210.74	\$210.74	0		0%	0%						_		F		
D3221	Gross pulpal debridement	\$236.10	\$236.10	0	0%	0%	0%						9		F		
D3222	Part pulp for apexogenesis	Not Covered	Not Covered	0	0%	0%	0%								X		



		DOLLAF	R VALUE				МС	ODIFIERS	3								
HCPCS	4.0000//4.000.000/00/	NON-FACILITY	FACILITY			INTRA OP			MSI		ASI			ENDO			PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)	(26/TC)				Ė			FSI	LIC REQ	AUTH
D3230	Pulpal therapy anterior prim	Not Covered	Not Covered	0	0,0	0%	0%								X		
D3240	Pulpal therapy posterior pri	Not Covered	Not Covered	0		0%	0%				9		9		Χ		
D3310	End thxpy, anterior tooth	\$771.26	\$771.26	0	0%	0%	0%	9	9		9		9		F		
D3320	End thxpy, premolar tooth	\$870.07	\$870.07	0	0%	0%	0%	9			9		9		F		
D3330	End thxpy, molar tooth	\$1,061.58	\$1,061.58	0		0%	0%				9	9	9		F		
D3331	Non-surg tx root canal obs	\$656.71	\$656.71	0		0%	0%	9			9	9	9		F		
D3332	Incomplete endodontic tx	\$455.59	\$455.59	0	0,0	0%	0%	9	9	9	9	9	9		F		
D3333	Internal root repair	\$344.54	\$344.54	0	0%	0%	0%	9	9		9	9	9		F		
D3346	Retreat root canal anterior	\$877.08	\$877.08	0	0%	0%	0%				9	9	,		F		Υ
D3347	Retreat root canal premolar	\$990.75	\$990.75	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D3348	Retreat root canal molar	\$1,203.24	\$1,203.24	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D3351	Apexification/recalc initial	\$364.64	\$364.64	0	0%	0%	0%	9	9	9	9	9	9		F		
D3352	Apexification/recalc interim	\$267.58	\$267.58	0	0%	0%	0%	9	9	9	9	9	9		F		
D3353	Apexification/recalc final	\$522.92	\$522.92	0	0%	0%	0%	9	9	9	9	9	9		F		
D3355	Pulpal regeneration initial	\$428.48	\$428.48	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D3356	Pulpal regeneration interim	\$268.46	\$268.46	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D3357	Pulpal regeneration complete	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
D3410	Apicoectomy - anterior	\$730.16	\$730.16	0	0%	0%	0%	9	9	9	9	9	9		F		
D3421	Root surgery premolar	\$825.48	\$825.48	0	0%	0%	0%	9	9	9	9	9	9		F		
D3425	Root surgery molar	\$920.79	\$920.79	0	0%	0%	0%	9	9		9	9	9		F		
D3426	Root surgery ea add root	\$435.48	\$435.48	0		0%	0%	9			9	9	9		F		
D3427	Periradicular surgery	\$731.91	\$731.91	0		0%	0%				9	9	+		F		Υ
D3428	Bone graft peri per tooth	\$646.22	\$646.22	0		0%	0%	9			9		9		F		Υ
D3429	Bone graft peri each addl	\$558.77	\$558.77	0	0%	0%	0%	9	9		9		9		F		Υ
D3430	Retrograde filling	\$291.19	\$291.19	0		0%	0%	9			9	9	9		F		
D3431	Biological materials	\$529.91	\$529.91	0		0%	0%				9		+		F		Υ
D3432	Guided tissue regeneration	\$598.13	\$598.13	0		0%	0%	9					9		F		Υ
D3450	Root amputation	\$513.30	\$513.30	0		0%	0%	9	9		9	9	9		F		
D3460	Endodontic endosseous implan	\$1,566.13	\$1,566.13	0		0%	0%				0	0	0		F		
D3470	Intentional replantation	\$816.73	\$816.73	0		0%	0%				9	_	_		F.		
D3910	Isolation- tooth w rubb dam	Bundled	Bundled	0	0%	0%	0%	9	9		9		9		В		
D3920	Tooth splitting	\$473.08	\$473.08	0	0%	0%	0%	9	9		9	9	9		F		Υ
D3950	Canal prep/fitting of dowel	\$267.58	\$267.58	0			0%				Ů	9	_		F		<del>'</del>
D3999	Endodontic procedure	By Report	By Report	0			0%						0		N.		Υ
D4210	Gingivectomy/plasty 4 or mor	\$640.09	\$640.09	0		0%	0%	9							F		Y
D4210	Gingivectomy/plasty 1 to 3	\$334.91	\$334.91	0		0%	0%								F		Y
D4211	Gingivectomy/plasty rest	\$300.81	\$300.81	0			0%					_			F		Y
D4212	Ana crown exp 4 or> per quad	\$857.83	\$857.83	0			0%								F		<del>  '                                   </del>
D4231	Ana crown exp 1-3 per quad	\$605.99	\$605.99	0		0%	0%		9				9		F		
D4231	Gingival flap proc w/ planin	\$746.78	\$746.78	0		0%	0%		9				9		F		V
D4240 D4241	Gngvl flap w rootplan 1-3 th	\$611.24	\$611.24	0			0%								F		Y
D4241 D4245	Apically positioned flap	\$816.73	\$816.73	0			0%						_		<u>г</u> F		Y
D4249	Crown lengthen hard tissue	·				0%	0%								F		Y
		\$785.26	\$785.26 \$1.441.46	0									_		F		
D4260	Osseous surgery 4 or more	\$1,141.16	\$1,141.16	0	0%	0%	0%	0	0	0	0	0	0		Г		Υ



		DOLLA	R VALUE				М	ODIFIERS	S								
HCPCS		NON-FACILITY	FACILITY				POST OP		MSI			CSI	TSI	ENDO			PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)	(26/TC)		÷			·	BASE	FSI	LIC REQ	AUTH
D4261	Osseous surg 1 to 3 teeth	\$921.67	\$921.67	0		0%	0%					9	9	)	F		Υ
D4263	Bone replce graft first site	\$682.94	\$682.94	0			0%	0	0	0	0	C	0	)	F		Υ
D4264	Bone replce graft each add	\$553.52	\$553.52	0		0%	0%	0	0	0	0	C	0		F		Υ
D4265	Bio mtrls to aid soft/os reg	\$584.13	\$584.13	0		0%	0%	9	9			9	9		F		Υ
D4266	Guided tiss regen resorble	\$773.89	\$773.89	0	0%	0%	0%			Ū		9			F		Υ
D4267	Guided tiss regen nonresorb	\$891.06	\$891.06	0			0%	9				9	9	)	F		Υ
D4268	Surgical revision procedure	\$819.36	\$819.36	0		0%	0%	9	9	9	9	9	9		F		Υ
D4270	Pedicle soft tissue graft pr	\$860.46	\$860.46	0	0,0	0%	0%	0	0	Ū		C	0		F		Υ
D4273	Auto tissue graft 1st tooth	\$1,133.28	\$1,133.28	0		0%	0%			Ū		C	0	)	F		Υ
D4274	Mesial/distal wedge proc	\$673.33	\$673.33	0		0%	0%	9	9			9	9	)	F		Υ
D4275	Non-auto graft 1st tooth	\$1,064.20	\$1,064.20	0	0%	0%	0%	9				9	9	)	F		Υ
D4276	Con tissue w dble ped graft	\$1,136.71	\$1,136.71	0		0%	0%	9	9					)	F		Υ
D4277	Soft tissue graft firsttooth	\$1,009.99	\$1,009.99	0		0%	0%			_				)	F		Υ
D4278	Soft tissue graft addl tooth	\$773.89	\$773.89	0	0%	0%	0%	9	9			9	9	)	F		Υ
D4283	Auto tissue graft addl tooth	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	)	N		
D4285	Non-auto graft addl tooth	By Report	By Report	0	0%	0%	0%	9	9	Ū		9	9	)	N		
D4320	Provision splnt intracoronal	\$529.04	\$529.04	0	0%	0%	0%		9			9	9	)	F		Υ
D4321	Provisional splint extracoro	\$477.45	\$477.45	0	0%		0%	9	9	9	9	9	9	)	F		Υ
D4341	Periodontal scaling & root	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
D4342	Periodontal scaling 1-3teeth	Not Covered	Not Covered	0	0%	0%	0%	9				9	9	)	X		
D4346	Scaling gingiv inflammation	By Report	By Report	0	0%	0%	0%			_				)	N		Υ
D4355	Full mouth debridement	Not Covered	Not Covered	0		0%	0%	0	0		<u>.                                    </u>	C	0	)	Χ		
D4381	Localized delivery antimicro	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	O	0	)	X		
D4910	Periodontal maint procedures	Not Covered	Not Covered	0		0%	0%	9	9	Ū		Ů	9	)	X		
D4920	Unscheduled dressing change	\$107.55	\$107.55	0		0%	0%			_		9	9	)	F		Υ
D4921	Gingival irrigation per quad	\$83.94	\$83.94	0	0%	0%	0%	9		_		9	9	)	F		Υ
D4999	Unspecified periodontal proc	By Report	By Report	0		0%	0%	9					9		N		Υ
D5110	Dentures complete maxillary	\$1,773.38	\$1,773.38	0	0%	0%	0%	9	9				9		F		Υ
D5120	Dentures complete mandible	\$1,807.48	\$1,807.48	0			0%								F		Υ
D5130	Dentures immediat maxillary	\$1,890.55	\$1,890.55	0		0%	0%					9	9		F		Υ
D5140	Dentures immediat mandible	\$1,900.17	\$1,900.17	0	0%	0%	0%	9				9	9		F		Υ
D5211	Dentures maxill part resin	\$1,430.60	\$1,430.60	0	0%	0%	0%	9					·		F		Υ
D5212	Dentures mand part resin	\$1,418.36	\$1,418.36	0			0%								F		Υ
D5213	Dentures maxill part metal	\$1,845.96	\$1,845.96	0			0%		9						F		Υ
D5214	Dentures mandibl part metal	\$1,851.20	\$1,851.20	0			0%						9		F		Υ
D5221	Immed max part denture resin	By Report	By Report	0			0%								N		
D5222	Immed man part denture resin	By Report	By Report	0			0%								N		
D5223	Immed max part dent metal	By Report	By Report	0			0%						9		N		
D5224	Immed mand part dent metal	By Report	By Report	0		0%	0%						_		N		
D5225	Maxillary part denture flex	\$1,589.74	\$1,589.74	0			0%			·					F		Υ
D5226	Mandibular part denture flex	\$1,584.49	\$1,584.49	0			0%								F		Υ
D5282	Remove unil part denture,max	By Report	By Report	0			0%								N		Υ
D5283	Remove unil part denture,man	By Report	By Report	0		0%	0%							_	N		Υ
D5284	Rem unilat dent flex base	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ



		DOLLAF	R VALUE					ODIFIERS									
HCPCS		NON-FACILITY	FACILITY	_		INTRA OP			MSI		ASI	CSI		ENDO			PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)	(26/TC)			(-80)	(-62)			FSI	LIC REQ	AUTH
D5286	Rem unilat dent 1 pc resin	By Report	By Report	0	0,0	0%	0%					_	,		N		Υ
D5410	Dentures adjust cmplt maxil	\$92.69	\$92.69	0		0%	0%				9		9		F		Υ
D5411	Dentures adjust cmplt mand	\$91.82	\$91.82	0	0%	0%	0%	9	9		9		9		F		Υ
D5421	Dentures adjust part maxill	\$91.82	\$91.82	0	0%	0%	0%	9			9		9		F		Υ
D5422	Dentures adjust part mandbl	\$91.82	\$91.82	0		0%	0%					9	9		F		Υ
D5511	Rep broke comp dent base man	By Report	By Report	0	0%	0%	0%					9	9		N		Υ
D5512	Rep broke comp dent base max	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
D5520	Replace denture teeth complt	\$196.75	\$196.75	0	0%	0%	0%	9	9		9	9	9		F		Υ
D5611	Rep resin part dent base man	By Report	By Report	0	0%	0%	0%						,		N		Υ
D5612	Rep resin part dent base max	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		Ν		Υ
D5621	Rep cast part frame man	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
D5622	Rep cast part frame max	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
D5630	Rep partial denture clasp	\$276.32	\$276.32	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D5640	Replace part denture teeth	\$201.12	\$201.12	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D5650	Add tooth to partial denture	\$236.10	\$236.10	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D5660	Add clasp to partial denture	\$277.20	\$277.20	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D5670	Replc tth&acrlc on mtl frmwk	\$758.15	\$758.15	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D5671	Replc tth&acrlc mandibular	\$769.51	\$769.51	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D5710	Dentures rebase cmplt maxil	\$602.49	\$602.49	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D5711	Dentures rebase cmplt mand	\$601.62	\$601.62	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D5720	Dentures rebase part maxill	\$579.76	\$579.76	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D5721	Dentures rebase part mandbl	\$579.76	\$579.76	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D5730	Denture reln cmplt maxil ch	\$386.50	\$386.50	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D5731	Denture rein cmplt mand chr	\$377.76	\$377.76	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D5740	Denture reln part maxil chr	\$377.76	\$377.76	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D5741	Denture reln part mand chr	\$383.01	\$383.01	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D5750	Denture rein cmplt max lab	\$473.08	\$473.08	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D5751	Denture rein cmplt mand lab	\$485.32	\$485.32	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D5760	Denture reln part maxil lab	\$474.82	\$474.82	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D5761	Denture reln part mand lab	\$477.45	\$477.45	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D5810	Denture interm cmplt maxill	\$895.43	\$895.43	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D5811	Denture interm cmplt mandbl	\$902.43	\$902.43	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D5820	Denture interm part maxill	\$730.16	\$730.16	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D5821	Denture interm part mandbl	\$730.16	\$730.16	0	0%	0%	0%				9	9	_		F		Υ
D5850	Denture tiss conditn maxill	\$215.11	\$215.11	0	0%	0%	0%	9			9	9	9		F		Υ
D5851	Denture tiss condtin mandbl	\$215.11	\$215.11	0		0%	0%	9					_		F		Υ
D5862	Precision attachment	\$730.16	\$730.16	0			0%						9		F		Υ
D5863	Overdenture complete max	\$2,316.41	\$2,316.41	0			0%								F		Υ
D5864	Overdenture partial max	\$2,272.69	\$2,272.69	0		0%	0%		9				9		F		Υ
D5865	Overdenture complete mandib	\$2,363.63	\$2,363.63	0		0%	0%	9	9	4	9		9		F		Υ
D5866	Overdenture partial mandib	\$2,271.81	\$2,271.81	0		0%	0%						9		F		Υ
D5867	Replacement of precision att	\$408.37	\$408.37	0		0%	0%						_		F		Y
D5875	Prosthesis modification	\$455.59	\$455.59	0		0%	0%								F		Υ
D5876	Add metal sub to acrylc dent	By Report	By Report	0		0%	0%			4					N		Υ



		DOLLAF	R VALUE					ODIFIERS	S								
HCPCS	400051//4550 05000105/01/	NON-FACILITY	FACILITY	_		INTRA OP						CSI	TSI	ENDO			PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)						(-66)	BASE	FSI	LIC REQ	AUTH
D5899	Removable prosthodontic proc	\$1,031.84	\$1,031.84	0		0%	0%	9					9	)	F		Υ
D5911	Facial moulage sectional	\$515.92	\$515.92	0		0%	0%	0	0	0	0	0	0	)	F		Υ
D5912	Facial moulage complete	\$533.42	\$533.42	0	0%	0%	0%	0	0	0	0	0	0	)	F		Υ
D5913	Nasal prosthesis	\$6,492.77	\$6,492.77	0	0%	0%	0%	9		9	·		9	)	F		Υ
D5914	Auricular prosthesis	\$7,529.87	\$7,529.87	0	0%	0%	0%	9	-	9	_		9	)	F		Υ
D5915	Orbital prosthesis	\$10,013.24	\$10,013.24	0	0,0	0%	0%	9					9	)	F		Υ
D5916	Ocular prosthesis	\$10,384.10	\$10,384.10	0	0%	0%	0%	9	9	9	9	9	9	)	F		Υ
D5919	Facial prosthesis	\$10,384.10	\$10,384.10	0	0%	0%	0%	9	_	9	·		9	)	F		Υ
D5922	Nasal septal prosthesis	\$4,821.19	\$4,821.19	0	0,0	0%	0%	9		9			9	)	F		Υ
D5923	Ocular prosthesis interim	\$5,933.77	\$5,933.77	0	0%	0%	0%	9		9	9	9	9	)	F		Υ
D5924	Cranial prosthesis	\$5,933.77	\$5,933.77	0	0%	0%	0%	9	9	9	9	9	9	)	F		Υ
D5925	Facial augmentation implant	\$5,933.77	\$5,933.77	0	0%	0%	0%	9			U		9	)	F		Υ
D5926	Replacement nasal prosthesis	\$3,708.59	\$3,708.59	0	0%	0%	0%	9							F		Υ
D5927	Auricular replacement	\$3,708.58	\$3,708.58	0		0%	0%	9		9	9	9	9	)	F		Υ
D5928	Orbital replacement	\$5,006.62	\$5,006.62	0	0%	0%	0%	9	9	9	9	9	9	)	F		Υ
D5929	Facial replacement	\$5,006.62	\$5,006.62	0	0%	0%	0%	9	_	9	J		9	)	F		Υ
D5931	Surgical obturator	\$2,258.07	\$2,258.07	0	0%	0%	0%	9	_		_		9	)	F		Υ
D5932	Postsurgical obturator	\$5,562.90	\$5,562.90	0	0%	0%	0%	9	9	9	9	9	9	)	F		Υ
D5933	Refitting of obturator	\$1,112.59	\$1,112.59	0	0%	0%	0%	9	9	9	9	9	9	)	F		Υ
D5934	Mandibular flange prosthesis	\$5,562.90	\$5,562.90	0	0%	0%	0%	9		9	_		9	)	F		Υ
D5935	Mandibular denture prosth	\$5,562.90	\$5,562.90	0		0%	0%	9		9	_				F		Υ
D5936	Temp obturator prosthesis	\$2,039.75	\$2,039.75	0		0%	0%	9					9	)	F		Υ
D5937	Trismus appliance	\$764.26	\$764.26	0	0%	0%	0%	9	9	9	9	9	9	)	F		Υ
D5951	Feeding aid	\$990.75	\$990.75	0	0%	0%	0%	0	U	0	O	•	0	)	F		Υ
D5952	Pediatric speech aid	Not Covered	Not Covered	0	0,0	0%	0%	9		9			9	)	Χ		
D5953	Adult speech aid	\$2,225.16	\$2,225.16	0	0%	0%	0%	9	_	9			9	)	F		Υ
D5954	Superimposed prosthesis	\$4,709.58	\$4,709.58	0	0%	0%	0%	9			Ŭ		9	)	F		Υ
D5955	Palatal lift prosthesis	\$4,821.19	\$4,821.19	0	0%	0%	0%	9			U		9	)	F		Υ
D5958	Intraoral con def inter plt	\$2,818.53	\$2,818.53	0		0%	0%	9			_		9	)	F		Υ
D5959	Intraoral con def mod palat	\$890.17	\$890.17	0	0%	0%	0%	9		9			9	)	F		Υ
D5960	Modify speech aid prosthesis	\$593.37	\$593.37	0	0%	0%	0%	9		9	5		9	)	F		Υ
D5982	Surgical stent	\$459.96	\$459.96	0	0%	0%	0%	9					9		F		Υ
D5983	Radiation applicator	Not Covered	Not Covered	0			0%								X		
D5984	Radiation shield	Not Covered	Not Covered	0			0%	0				_	0	)	X		
D5985	Radiation cone locator	Not Covered	Not Covered	0	0%	0%	0%	0					0	)	X		
D5986	Fluoride applicator	Not Covered	Not Covered	0	0%	0%	0%	9					9	)	X		
D5987	Commissure splint	\$1,069.45	\$1,069.45	0		0%	0%		·				0		F		Υ
D5988	Surgical splint	\$772.14	\$772.14	0		0%	0%						9	)	F		Υ
D5991	Vesiculobullous disease carr	Not Covered	Not Covered	0	0%	0%	0%	9					Ť		X		
D5992	Adjust max prost appliance	By Report	By Report	0	0%	0%	0%	9			•		_	<b>'</b>	N		Υ
D5993	Main/clean max prosthesis	By Report	By Report	0		0%	0%								N		Υ
D5994	Peridontal medicament	\$629.60	\$629.60	0		0%	0%							1	F		Υ
D5999	Maxillofacial prosthesis	By Report	By Report	0	0%	0%	0%	9							N		Υ
D6010	Odontics endosteal implant	\$1,977.12	\$1,977.12	0	0%	0%	0%	9	9	9	9	9	9	)	F		Υ



		DOLLAI	R VALUE					ODIFIERS	S								
HCPCS	ADDDEWATED DECODIDEION	NON-FACILITY	FACILITY	_		INTRA OP					_	CSI	TSI	ENDO	<b>50</b> /	/ /O DEO	PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)							BASE	FSI	LIC REQ	AUTH
D6011	Second stage implant surgery	\$730.16	\$730.16	0	0%	0%	0%								F		Y
D6012	Endosteal implant	\$1,701.67	\$1,701.67	0	0%	0%	0%					_			F		Υ
D6013	Surgical place mini implant	\$1,131.53	\$1,131.53	0	0%	0%	0%	9	_				9		F		Υ
D6040	Odontics eposteal implant	\$7,462.53	\$7,462.53	0	0%	0%	0%	9			Ŭ		9		F		Υ
D6050	Odontics transosteal implnt	\$5,481.91	\$5,481.91	0	0%	0%	0%		-		_		9		F		Υ
D6051	Interim abutment	\$533.42	\$533.42	0	0%	0%	0%						<u> </u>		F		Υ
D6052	Semi precision attach abut	\$863.08	\$863.08	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D6055	Implant connecting bar	\$3,053.57	\$3,053.57	0	0%	0%	0%	9				_	9	)	F		Υ
D6056	Prefabricated abutment	\$765.14	\$765.14	0	0%	0%	0%				9	9	9		F		Υ
D6057	Custom abutment	\$902.43	\$902.43	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D6058	Abutment supported crown	\$1,418.36	\$1,418.36	0	0%	0%	0%	9					9		F		Υ
D6059	Abutment supported mtl crown	\$1,439.34	\$1,439.34	0	0%	0%	0%	9			J		9		F		Υ
D6060	Abutment supported mtl crown	\$1,393.87	\$1,393.87	0	0%	0%	0%						9		F		Υ
D6061	Abutment supported mtl crown	\$1,375.50	\$1,375.50	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D6062	Abutment supported mtl crown	\$1,418.36	\$1,418.36	0	0%	0%	0%	9	9	9	9	9	9	)	F		Υ
D6063	Abutment supported mtl crown	\$1,375.50	\$1,375.50	0	0%	0%	0%	9	9	9	9	9	9	)	F		Υ
D6064	Abutment supported mtl crown	\$1,372.88	\$1,372.88	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D6065	Implant supported crown	\$1,539.03	\$1,539.03	0	0%	0%	0%	9	9	9	9	9	9	)	F		Υ
D6066	Implant supported mtl crown	\$1,504.05	\$1,504.05	0	0%	0%	0%	9	9	9	9	9	9	)	F		Υ
D6067	Implant supported mtl crown	\$1,589.74	\$1,589.74	0	0%	0%	0%	9	9	9	9	9	9	)	F		Υ
D6068	Abutment supported retainer	\$1,448.08	\$1,448.08	0	0%	0%	0%	9	9	9	9	9	9	)	F		Υ
D6069	Abutment supported retainer	\$1,443.72	\$1,443.72	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D6070	Abutment supported retainer	\$1,375.50	\$1,375.50	0	0%	0%	0%	9	9	9	9	9	9	)	F		Υ
D6071	Abutment supported retainer	\$1,375.50	\$1,375.50	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D6072	Abutment supported retainer	\$1,482.19	\$1,482.19	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D6073	Abutment supported retainer	\$1,392.12	\$1,392.12	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D6074	Abutment supported retainer	\$1,375.50	\$1,375.50	0	0%	0%	0%	9	9	9	9	9	9	)	F		Υ
D6075	Implant supported retainer	\$1,546.89	\$1,546.89	0	0%	0%	0%	9	9	9	9	9	9	)	F		Υ
D6076	Implant supported retainer	\$1,546.89	\$1,546.89	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D6077	Implant supported retainer	\$1,580.13	\$1,580.13	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D6080	Implant maintenance	\$313.05	\$313.05	0	0%	0%	0%	9	9	9	9	9	9	)	F		Υ
D6081	Scale & debride, single imp	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	)	N		Υ
D6082	Imp crown porc to base alloy	By Report	By Report	0							_		9	)	N		Υ
D6083	Imp crown porc to noble allo	By Report	By Report	0	0%										N		Υ
D6085	Provisional implant crown	By Report	By Report	0	0%	0%	0%							)	N		Υ
D6086	Imp crown base alloys	By Report	By Report	0	0%	0%	0%						9		N		Υ
D6087	Implant crown noble alloys	By Report	By Report	0	0%	0%	0%						.9		N		Υ
D6088	Imp crown titanium alloys	By Report	By Report	0	0%	0%	0%								N		Ϋ́
D6090	Repair implant	\$748.53	\$748.53	0	0%	0%	0%						9		F		Υ
D6091	Repl semi/precision attach	\$584.13	\$584.13	0	0%	0%	0%		_		_	_	, i		F		Y
D6092	Recement supp crown	\$153.03	\$153.03	0		0%	0%						_		F		
D6093	Recement supp part denture	\$186.25	\$186.25	0		0%	0%								F.		
D6094	Abut support crown titanium	\$1,418.36	\$1,418.36	0	0%	0%	0%						_		F		Υ
D6095	Odontics repr abutment	\$730.16	\$730.16	0	0%	0%	0%				+		_		F		Y
טפטטם	Odonilos repradutinent	Ψ130.10	ψ <i>1</i> 30. 10	U	0 /0	0 /0	0 /0	9	9	9	9	9	9				



		DOLLA	R VALUE				М	ODIFIERS	3								
HCPCS		NON-FACILITY	FACILITY	_		_			MSI			CSI		ENDO			PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)	(26/TC)	(-51)	(-50)	(-80)	(-62)	, <u> </u>		FSI	LIC REQ	AUTH
D6096	Remove broken imp ret screw	By Report	By Report	0		0%	0%								N		Υ
D6097	Abut crown porc to titanium	By Report	By Report	0	0%	0%	0%	9			9	9	9		N		Υ
D6098	Imp retain porc to base allo	By Report	By Report	0	0%	0%	0%	9			9		9		N		Υ
D6099	Imp retainer for fpd	By Report	By Report	0	0%	0%	0%	9			9		9		N		Y
D6100	Removal of implant	\$758.15	\$758.15	0		0%	0%					9	9		F		Υ
D6101	Debridement of a periimplant	\$741.53	\$741.53	0		0%	0%	9			9	9	9		F		Υ
D6102	Debridement & contouring	\$945.28	\$945.28	0	0,0	0%	0%	9	9	9	9	9	9		F		Y
D6103	Bone graft repair perimplant	\$763.40	\$763.40	0	0%	0%	0%	9	9		9	9	9		F		Υ
D6104	Bone graft time of implant	\$728.41	\$728.41	0	0,0	0%	0%				9	9	,		F		Υ
D6110	Implnt/abut remov dent max	\$2,922.41	\$2,922.41	0	0%	0%	0%	9	9	9	9	9	9		F		
D6111	Implnt/abut remov dent mand	\$2,879.55	\$2,879.55	0	0%	0%	0%	9	9	9	9	9	9		F		
D6112	Imp/abut rem dent part max	\$2,780.74	\$2,780.74	0	0%	0%	0%	9	9	9	9	9	9		F		
D6113	Imp/abut rem dent part mand	\$2,844.58	\$2,844.58	0	0%	0%	0%	9	9	9	9	9	9		F		
D6114	Implnt/abut fixed dent max	\$8,594.94	\$8,594.94	0	0%	0%	0%	9	9	9	9	9	9		F		
D6115	Implnt/abut fixed dent mand	\$8,594.94	\$8,594.94	0	0%	0%	0%	9	9	9	9	9	9		F		
D6116	Imp/abut fixed dent part max	\$5,019.32	\$5,019.32	0	0%	0%	0%	9	9	9	9	9	9		F		
D6117	Imp/abut fixed dent part man	\$5,741.62	\$5,741.62	0	0%	0%	0%	9	9	9	9	9	9		F		
D6118	Imp/abut int fixed dent man	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
D6119	Int/abut int fixed dent max	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
D6120	Imp retain porc to titanium	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
D6121	Retain metal fpd base alloys	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
D6122	Retain metal fpd noble alloy	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
D6123	Retain metal fpd titanium	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
D6190	Radio/surgical implant index	\$430.23	\$430.23	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D6194	Abut support retainer titani	\$1,375.50	\$1,375.50	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D6195	Abut retain porc to titanium	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
D6199	Implant procedure	\$862.21	\$862.21	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D6205	Pontic-indirect resin based	\$1,009.11	\$1,009.11	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D6210	Prosthodont high noble metal	\$1,125.41	\$1,125.41	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D6211	Bridge base metal cast	\$1,074.70	\$1,074.70	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D6212	Bridge noble metal cast	\$1,074.70	\$1,074.70	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D6214	Pontic titanium	\$1,119.29	\$1,119.29	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D6240	Bridge porcelain high noble	\$1,140.28	\$1,140.28	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D6241	Bridge porcelain base metal	\$1,074.70	\$1,074.70	0	0%	0%	0%	9			9	9	_		F		Υ
D6242	Bridge porcelain nobel metal	\$1,085.19	\$1,085.19	0	0%	0%	0%	9			9	9	9		F		Υ
D6243	Pontic porcelain to titanium		By Report	0		0%	0%	9					9		N		Υ
D6245	Bridge porcelain/ceramic	\$1,138.53	\$1,138.53	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D6250	Bridge resin w/high noble	\$1,086.94	\$1,086.94	0			0%								F		Υ
D6251	Bridge resin base metal	\$1,074.70	\$1,074.70	0		0%	0%						9		F		Υ
D6252	Bridge resin w/noble metal	\$1,074.70	\$1,074.70	0		0%	0%	9					9		F		Υ
D6253	Provisional pontic	\$775.64	\$775.64	0			0%						9		F		Υ
D6545	Dental retainr cast metl	\$901.56	\$901.56	0			0%						_		F		Y
D6548	Porcelain/ceramic retainer	Not Covered	Not Covered	0		0%	0%								X		
D6549	Resin retainer	By Report	By Report	0		0%	0%								N		



		DOLLAI	R VALUE				МС	ODIFIERS									
HCPCS	400051//4750 05000/07/04	NON-FACILITY	FACILITY			INTRA OP							TSI	ENDO	<b>50</b> /	550	PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)	(26/TC)						1	FSI	LIC REQ	AUTH
D6600	Porcelain/ceramic inlay 2srf	Not Covered	Not Covered	0	0%	0%	0%	9	9						X		4
D6601	Porc/ceram inlay >= 3 surfac	Not Covered	Not Covered	0	0%	0%	0%	9	9			_	9		X		4
D6602	Cst hgh nble mtl inlay 2 srf	Not Covered	Not Covered	0	0%	0%	0%	9	9		9		9		X		
D6603	Cst hgh nble mtl inlay >=3sr	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9		9		<b>/</b>		
D6604	Cst bse mtl inlay 2 surfaces Cst bse mtl inlay >= 3 surfa	Not Covered	Not Covered Not Covered	0	0% 0%	0% 0%	0% 0%		9		9				X X		4
D6605 D6606	Cast noble metal inlay 2 sur	Not Covered  Not Covered	Not Covered  Not Covered	0	0% 0%	0% 0%	0%	9	9		9		9		X		
D6607	Cst noble mtl inlay >=3 surf	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9		9		X		
D6608	Onlay porc/crmc 2 surfaces	Not Covered	Not Covered	0	0%	0%	0%		9	)	9		9		X		
D6609	Onlay porc/crmc >=3 surfaces	Not Covered	Not Covered	0	0%	0%	0%	9	9		9		9		X		<del> </del>
D6610	Onlay cst hgh nbl mtl 2 srfc	Not Covered	Not Covered	0	0%	0%	0%	9	9		9		9		X		
D6611	Onlay cst hgh nbl mtl >=3srf	Not Covered	Not Covered	0	0%	0%	0%	9	9		9		9		X		
D6612	Onlay cst base mtl 2 surface	Not Covered	Not Covered	0	0%	0%	0%	9	9		9		9		X		
D6613	Onlay cst base mtl >=3 surfa	Not Covered	Not Covered	0	0%	0%	0%		9		9		_		X		
D6614	Onlay cst nbl mtl 2 surfaces	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9		9		X		
D6615	Onlay cst nbl mtl >=3 surfac	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9		9		X		
D6624	Inlay titanium	Not Covered	Not Covered	0	0%	0%	0%	9	9				9		Χ		
D6634	Onlay titanium	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
D6710	Crown-indirect resin based	\$1,037.10	\$1,037.10	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D6720	Retain crown resin w hi nble	\$1,086.06	\$1,086.06	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D6721	Crown resin w/base metal	\$1,073.82	\$1,073.82	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D6722	Crown resin w/noble metal	\$1,079.07	\$1,079.07	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D6740	Crown porcelain/ceramic	\$1,148.15	\$1,148.15	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D6750	Crown porcelain high noble	\$1,158.64	\$1,158.64	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D6751	Crown porcelain base metal	\$1,075.57	\$1,075.57	0	0%	0%	0%		9		9		9		F		Υ
D6752	Crown porcelain noble metal	\$1,098.31	\$1,098.31	0	0%	0%	0%	9	9		9	9	9		F		Υ
D6753	Retain crown porc to titaniu	By Report	By Report	0	0%	0%	0%	9	9				9		N		Υ
D6780	Crown 3/4 high noble metal	\$1,112.30	\$1,112.30	0	0%	0%	0%	9	9	,	9	,	9		F		Υ
D6781	Crown 3/4 cast based metal	\$1,080.81	\$1,080.81	0	0%	0%	0%		9				_		F		Υ
D6782	Crown 3/4 cast noble metal	\$1,095.68	\$1,095.68	0	0%	0%	0%		9		9		9		F		Υ
D6783	Crown 3/4 porcelain/ceramic	\$1,128.92	\$1,128.92	0	0%	0%	0%	9	9		9		9		F		Υ
D6784	Retainer crown 3/4 titanium	By Report	By Report	0	0%	0%	0%	9	9	9	9	_	9		N		Y
D6790	Crown full high noble metal	\$1,157.76	\$1,157.76	0		0%	0%		9						F		Υ
D6791	Crown full base metal cast	\$1,079.94	\$1,079.94	0		0%	0%		9						F		Υ
D6792	Crown full noble metal cast	\$1,086.94	\$1,086.94	0	0%	0%	0%	9	9				_		F		Υ
D6793	Provisional retainer crown	\$583.26	\$583.26	0	0%	0%	0%	9	9		,		9				Y
D6794	Crown titanium	\$1,074.70	\$1,074.70	0		0%	0%		9						F F		Y
D6920	Dental connector bar	\$1,076.45	\$1,076.45	0		0%	0%		0				0		F		Y
D6930 D6940	Recement/bond part denture Stress breaker	\$177.51 \$429.35	\$177.51 \$429.35	0	0% 0%	0% 0%	0% 0%		9	9	ď		9		F		V
D6940 D6950	Precision attachment	\$664.58	\$664.58	0	0%	0%	0% 0%		9	)	9		9		F		V
D6950 D6980	Fixed partial repair	\$407.50	\$407.50	0		0%	0%		9				9	1	F		Y
D6985	Pediatric partial denture fx	Not Covered	Not Covered	0	0%	0%	0%	9	9				_		X		<u>'</u>
D6999	Fixed prosthodontic proc	By Report	By Report	0	0%	0%	0%		9				9		N		Y
פפפטם	I ixed prostriodontic proc	Бу Керип	by Kepuit	U	0%	0%	0%	9	9	9	9	9	9		IV		1



		DOLLAR	R VALUE				МС	ODIFIERS	S								
HCPCS		NON-FACILITY	FACILITY	_		INTRA OP			MSI			CSI		ENDO			PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)	(26/TC)	(-51)	(-50)	(-80)	(-62)			FSI	LIC REQ	AUTH
D7111	Extraction coronal remnants	\$139.04	\$139.04	0		0%	0%					_	·		F		
D7140	Extraction erupted tooth/exr	\$188.88	\$188.88	0	0%	0%	0%		9	9	9	9	9		F		
D7210	Rem imp tooth w mucoper flp	\$285.94	\$285.94	0	0%	0%	0%	0			0	0	0		F		
D7220	Impact tooth remov soft tiss	\$321.80	\$321.80	0	0%	0%	0%	0	Ū		0		0		F		
D7230	Impact tooth remov part bony	\$403.99	\$403.99	0	0%	0%	0%		_		0	0	0		F		
D7240	Impact tooth remov comp bony	\$497.56	\$497.56	0	0%	0%	0%		0	0	0	0	0		F		
D7241	Impact tooth rem bony w/comp	\$584.13	\$584.13	0	0%	0%	0%	0	0	0	0	0	0		F		
D7250	Tooth root removal	\$313.93	\$313.93	0	0%	0%	0%	0	0	_	0	0	0		F		
D7251	Coronectomy	\$478.32	\$478.32	0	0%	0%	0%		9	9	9	9	9		F		Υ
D7260	Oral antral fistula closure	\$1,227.73	\$1,227.73	0	0%	0%	0%	0	0	0	0	0	0		F		
D7261	Primary closure sinus perf	\$800.12	\$800.12	0	0%	0%	0%	9	9	9	9	9	9		F		
D7270	Tooth reimplantation	\$578.88	\$578.88	0	0%	0%	0%	9	9	9	9	9	9		F		
D7272	Tooth transplantation	\$781.75	\$781.75	0	0%	0%	0%	9	9	9	9	9	9		F		
D7280	Exposure of unerupted tooth	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
D7282	Mobilize erupted/malpos toot	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
D7283	Place device impacted tooth	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
D7285	Biopsy of oral tissue hard	\$503.68	\$503.68	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D7286	Biopsy of oral tissue soft	\$348.03	\$348.03	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D7287	Exfoliative cytolog collect	\$211.61	\$211.61	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D7288	Brush biopsy	\$215.11	\$215.11	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D7290	Repositioning of teeth	\$498.44	\$498.44	0	0%	0%	0%	9	9	9	9	9	9		F		
D7291	Transseptal fiberotomy	\$313.05	\$313.05	0	0%	0%	0%	0	0	0	0	0	0		F		Υ
D7292	Screw retained plate	\$2,918.91	\$2,918.91	0	0%	0%	0%	9	9	9	9	9	9		F		
D7293	Temp anchorage dev w flap	\$2,430.96	\$2,430.96	0	0%	0%	0%	9	9	9	9	9	9		F		
D7294	Temp anchorage dev w/o flap	\$1,539.90	\$1,539.90	0	0%	0%	0%	9	9	9	9	9	9		F		
D7295	Bone harvest,auto graft proc	\$973.26	\$973.26	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D7296	Corticotomy, 1-3 teeth	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
D7297	Corticotomy, 4 or more teeth	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
D7310	Alveoplasty w/ extraction	\$310.42	\$310.42	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D7311	Alveoloplasty w/extract 1-3	\$318.30	\$318.30	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D7320	Alveoplasty w/o extraction	\$468.70	\$468.70	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D7321	Alveoloplasty not w/extracts	\$437.22	\$437.22	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D7340	Vestibuloplasty ridge extens	\$1,372.88	\$1,372.88	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D7350	Vestibuloplasty exten graft	\$2,525.40	\$2,525.40	0	0%	0%	0%	9	9	9	9	9			F		Υ
D7410	Rad exc lesion up to 1.25 cm	\$451.21	\$451.21	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D7411	Excision benign lesion>1.25c	\$645.34	\$645.34	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D7412	Excision benign lesion compl	\$970.63	\$970.63	0			0%	9			9	9	9		F		Υ
D7413	Excision malig lesion<=1.25c	Not Covered	Not Covered	0	0%	0%	0%	9			9	9	9		X		
D7414	Excision malig lesion>1.25cm	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
D7415	Excision malig les complicat	Not Covered	Not Covered	0	0%	0%	0%	9			9	9	9		X		
D7440	Malig tumor exc to 1.25 cm	Not Covered	Not Covered	0	0%	0%	0%	9			9	9	9		Χ		
D7441	Malig tumor > 1.25 cm	Not Covered	Not Covered	0		0%	0%		-				9		X		
D7450	Rem odontogen cyst to 1.25cm	\$650.58	\$650.58	0	0%	0%	0%	9			9	9	9		F		Υ
D7451	Rem odontogen cyst > 1.25 cm	\$601.62	\$601.62	0	0%	0%	0%	9	9	9	9	9	9		F		Υ



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		DOLLAI	R VALUE					ODIFIERS	S								
HCPCS		NON-FACILITY	FACILITY	_		INTRA OP				BSI		CSI	TSI	ENDO			PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)						(-66)	BASE	FSI	LIC REQ	AUTH
D7865	Tmj reshaping components	\$6,230.46	\$6,230.46	0	0%	0%	0%						9		F		Υ
D7870	Tmj aspiration joint fluid	\$635.73	\$635.73	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D7871	Lysis + lavage w catheters	\$859.58	\$859.58	0	0%	0%	0%	9		9	9	9	9	)	F		Υ
D7872	Tmj diagnostic arthroscopy	\$1,928.47	\$1,928.47	0	0%	0%	0%	9		9	_		9	)	F		Υ
D7873	Tmj arthroscopy lysis adhesn	\$2,113.92	\$2,113.92	0	0%	0%	0%		-	9	_		9		F		Υ
D7874	Tmj arthroscopy disc reposit	\$2,670.20	\$2,670.20	0	0%	0%	0%			9	9	9	9		F		Υ
D7875	Tmj arthroscopy synovectomy	\$2,855.64	\$2,855.64	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D7876	Tmj arthroscopy discectomy	\$2,966.87	\$2,966.87	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D7877	Tmj arthroscopy debridement	\$2,744.38	\$2,744.38	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D7880	Occlusal orthotic appliance	\$1,408.96	\$1,408.96	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D7881	Occ orthotic device adjust	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	)	N		
D7899	Tmj unspecified therapy	\$535.17	\$535.17	0	0%	0%	0%	9	9	9	9	9	9	)	F		Υ
D7910	Dent sutur recent wnd to 5cm	\$313.05	\$313.05	0	0%	0%	0%	9	9	9	9	9	9		F		
D7911	Dental suture wound to 5 cm	\$567.52	\$567.52	0	0%	0%	0%	9	9	9	9	9	9		F		
D7912	Suture complicate wnd > 5 cm	\$863.96	\$863.96	0	0%	0%	0%	9	9	9	9	9	9	)	F		
D7920	Dental skin graft	\$2,785.98	\$2,785.98	0	0%	0%	0%	9	9	9	9	9	9		F		
D7921	Collect & appl blood product	\$438.09	\$438.09	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D7922	Place intra-socket bio dress	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
D7940	Reshaping bone orthognathic	\$4,047.81	\$4,047.81	0	0%	0%	0%	0	_			_	0	)	F		
D7941	Bone cutting ramus closed	\$8,908.86	\$8,908.86	0	0%	0%	0%	9	9	9	9	9	9	)	F		Υ
D7943	Cutting ramus open w/graft	\$8,593.19	\$8,593.19	0	0%	0%	0%	9	9	9	9	9	9	)	F		Υ
D7944	Bone cutting segmented	\$6,911.63	\$6,911.63	0	0%	0%	0%		9	9			9		F		Υ
D7945	Bone cutting body mandible	\$7,027.93	\$7,027.93	0	0%	0%	0%	9					9	)	F		Υ
D7946	Reconstruction maxilla total	\$8,580.94	\$8,580.94	0	0%	0%	0%	9			_		9		F		Υ
D7947	Reconstruct maxilla segment	\$8,459.40	\$8,459.40	0	0%	0%	0%	9	9	9	9	9	9	)	F		Υ
D7948	Reconstruct midface no graft	\$9,544.59	\$9,544.59	0	0%	0%	0%			9			9	1	F		Υ
D7949	Reconstruct midface w/graft	\$12,029.76	\$12,029.76	0	0%	0%	0%	9		9			9		F		Υ
D7950	Mandible graft	\$2,921.53	\$2,921.53	0	0%	0%	0%	9					9		F		Υ
D7951	Sinus aug w bone or bone sub	\$3,089.42	\$3,089.42	0	0%	0%	0%						9		F		
D7952	Sinus augmentation vertical	\$2,064.56	\$2,064.56	0	0%	0%	0%			9			9	1	F		Υ
D7953	Bone replacement graft	\$730.16	\$730.16	0	0%	0%	0%	9		9	_		9		F		Y
D7955	Repair maxillofacial defects	\$3,496.91	\$3,496.91	0	0%	0%	0%	9		9	_		9		F		Υ
D7960	Frenulectomy/frenectomy	\$451.21	\$451.21	0			0%								F		Y
D7963	Frenuloplasty	\$514.17	\$514.17	0			0%								F		Y
D7970	Excision hyperplastic tissue	\$516.80	\$516.80	0	0%	0%	0%		_					)	F		Y
D7971	Excision pericoronal gingiva	\$276.32	\$276.32	0	0%	0%	0%						Ľ		F		
D7972	Surg redct fibrous tuberosit	\$721.42	\$721.42	0	0%	0%	0%						_		F		Υ
D7979	Non-surgical sialolithotomy	By Report	By Report	0	0%	0%	0%								N		Ϋ́
D7979	Surgical sialolithotomy	Not Covered	Not Covered	0	0%	0%	0%				_		_		X		
D7980 D7981	Excision of salivary gland	Not Covered	Not Covered	0	0%	0%	0%						, i		X		
D7982	Sialodochoplasty	\$1,709.55	\$1,709.55	0		0%	0%						_		F		
D7983	Closure of salivary fistula	\$1,709.55	\$1,521.53	0		0%	0%								F		
D7990	Emergency tracheotomy	\$1,570.51	\$1,570.51	0	0%	0%	0%						_		F		
D7990 D7991	Dental coronoidectomy	\$4,065.30	\$4,065.30	0	0%	0%	0%						_		F		V
ופפוט	pental coronolaectomy	φ4,000.30	Ψ4,000.30	U	U /0	0 /0	0%	9	9	9	9	9	9	'			



		DOLLAF	R VALUE				МС	ODIFIERS	3								
HCPCS		NON-FACILITY	FACILITY	_		INTRA OP			MSI			CSI		ENDO			PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)	(26/TC)	(-51)	(-50)	(-80)	(-62)	(-66)	BASE	FSI	LIC REQ	AUTH
D7995	Synthetic graft facial bones	\$4,434.66	\$4,434.66	0		0%	0%								F		
D7996	Implant mandible for augment	\$4,434.66	\$4,434.66	0	0%	0%	0%	9			9	9	9		F		
D7997	Appliance removal	\$362.02	\$362.02	0	0%	0%	0%	9			9		9		F		
D7998	Intraoral place of fix dev	\$2,488.68	\$2,488.68	0	0%	0%	0%	9			9		9		F		
D7999	Oral surgery procedure	By Report	By Report	0	0%	0%	0%				9	9	9		N		Υ
D8010	Limited dental tx primary	Not Covered	Not Covered	0	0%	0%	0%					9	9		Χ		
D8020	Limited dental tx transition	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
D8030	Limited dental tx adolescent	\$3,180.36	\$3,180.36	0	0%	0%	0%	9	9		9	9	9		F		Υ
D8040	Limited dental tx adult	\$3,433.95	\$3,433.95	0	0,0	0%	0%				9		,		F		Υ
D8050	Intercep dental tx primary	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
D8060	Intercep dental tx transitn	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
D8070	Compre dental tx transition	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
D8080	Compre dental tx adolescent	\$5,143.50	\$5,143.50	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D8090	Compre dental tx adult	\$5,157.48	\$5,157.48	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D8210	Orthodontic rem appliance tx	\$859.58	\$859.58	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D8220	Fixed appliance therapy habt	\$1,009.11	\$1,009.11	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D8660	Preorthodontic tx visit	\$445.97	\$445.97	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D8670	Periodic orthodontc tx visit	\$302.56	\$302.56	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D8680	Orthodontic retention	\$516.80	\$516.80	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D8681	Removable retainer adjust	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
D8690	Orthodontic treatment	\$386.50	\$386.50	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D8695	Remove fixed ortho appliance	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
D8696	Rep of ortho appliance max	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
D8697	Rep of ortho appliance man	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
D8698	Recement fixed retainer max	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
D8699	Recement fixed retainer man	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
D8701	Repair fixed retainer max	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
D8702	Repair of fixed retainer man	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
D8703	Replace broken retainer max	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
D8704	Replace broken retainer man	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
D8999	Orthodontic procedure	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
D9110	Tx dental pain minor proc	\$133.79	\$133.79	0	0%	0%	0%	0	0	0	0	0	0		F		
D9120	Fix partial denture section	\$236.10	\$236.10	0	0%	0%	0%	9	9	9	9	9	9		F		
D9130	Temporomandibular joint dysf	Not Covered	Not Covered	0	0%	0%	0%	9			9	9	_		Χ		
D9210	Dent anesthesia w/o surgery	\$76.08	\$76.08	0	0%	0%	0%	9			9	9	9		F		
D9211	Regional block anesthesia	Bundled	Bundled	0	0%	0%	0%	9					9		В		
D9212	Trigeminal block anesthesia	Bundled	Bundled	0			0%	9				_	9		В		
D9215	Local anesthesia	Bundled	Bundled	0		0%	0%								В		
D9219	Eval mod/deep sed/gen anest	By Report	By Report	0	0%	0%	0%						9		N		
D9222	Deep anest, 1st 15 min	By Report	By Report	0	0%	0%	0%			4	9		9		N		Υ
D9223	General anesth ea addl 15 mi	By Report	By Report	0		0%	0%						9		N		
D9230	Analgesia	\$83.94	\$83.94	0		0%	0%						0		F		
D9239	Iv mod sedation, 1st 15 min	By Report	By Report	0		0%	0%				9	9	9		N		Υ
D9243	Iv sedation ea addl 15m	By Report	By Report	0		0%	0%			4					N		



		DOLLAF	R VALUE				М	ODIFIERS									
HCPCS		NON-FACILITY	FACILITY			INTRA OP				BSI		CSI		ENDO			PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)	(26/TC)				÷	<u> </u>		FSI	LIC REQ	AUTH
D9248	Sedation (non-iv)	\$315.40	\$315.40	0	0%	0%	0%				_		, i		F		
D9310	Dental consultation	\$139.91	\$139.91	0	0%	0%	0%			9		_			F		
D9311	Consult w/med hlth care prof	By Report	By Report	0	0%	0%	0%	9			<u> </u>		9		N		Υ
D9410	Dental house call	\$248.34	\$248.34	0	0%	0%	0%	9			Ū		Ŭ		F		
D9420	Hospital/asc call	\$327.04	\$327.04	0	0%	0%	0%								F		
D9430	Office visit during hours	\$83.07	\$83.07	0	0%	0%	0%			9		_	9		F		
D9440	Office visit after hours	\$189.76	\$189.76	0	0%	0%	0%	9	9	9	·		9		F		
D9450	Case presentation tx plan	\$165.27	\$165.27	0	0%	0%	0%	9	9	9	O		9		F		
D9610	Dent therapeutic drug inject	\$111.05	\$111.05	0	0%	0%	0%				_		_ ĭ		F		
D9612	Thera par drugs 2 or > admin	\$189.76	\$189.76	0	0%	0%	0%						9		F		
D9613	Infiltration thera drug	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
D9630	Drugs/meds disp for home use	\$44.59	\$44.59	0	0%	0%	0%	0	Ů	0	U		0		F		
D9910	Dent appl desensitizing med	\$64.71	\$64.71	0	0%	0%	0%			9	_		9		F		
D9911	Appl desensitizing resin	\$81.33	\$81.33	0	0%	0%	0%				9	9	9		F		
D9920	Behavior management	\$153.90	\$153.90	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D9930	Treatment of complications	\$128.55	\$128.55	0	0%	0%	0%	0	0	0	0	0	0		F		Υ
D9932	Clean & inspect rem dent max	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
D9933	Clean & inspect rem dent man	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
D9934	Clean rem part denture max	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
D9935	Clean rem part denture mand	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
D9941	Fabrication athletic guard	\$275.45	\$275.45	0	0%	0%	0%		9	9	9	9	9		F		
D9942	Repair/reline occlusal guard	\$258.83	\$258.83	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
D9943	Occlusal guard adjustment	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
D9944	Occ guard, hard, full arch	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
D9945	Occ guard, soft, full arch	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
D9946	Occ guard, hard, part arch	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
D9950	Occlusion analysis	\$365.52	\$365.52	0	0%	0%	0%	0	0	0	0	0	0		F		
D9951	Limited occlusal adjustment	\$194.13	\$194.13	0	0%	0%	0%	0	0	0	0	0	0		F		
D9952	Complete occlusal adjustment	\$680.32	\$680.32	0	0%	0%	0%	0	0	0	0	0	0		F		Υ
D9961	Dup/copy patient's records	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
D9970	Enamel microabrasion	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
D9971	Odontoplasty 1-2 teeth	\$172.26	\$172.26	0	0%	0%	0%	9	9	9	9	9	9		F		
D9972	Extrnl bleaching per arch	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
D9973	Extrnl bleaching per tooth	\$245.72	\$245.72	0	0%	0%	0%	9	9	9	9	9	9		F		
D9974	Intrnl bleaching per tooth	\$288.57	\$288.57	0	0%	0%	0%	9	9	9	9	9	9		F		
D9975	External bleaching home app	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
D9985	Sales tax	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
D9986	Missed appointment	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
D9987	Cancelled appointment	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
D9990	Trans or sign language svcs	Not Covered	Not Covered	0	0%	0%	0%		9	9	9	9	9		X		
D9991	Case mgmt, appt barriers	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
D9992	Case mgmt, care coordination	By Report	By Report	0	0%	0%	0%						9		N		Υ
D9993	Case mgmt, interviewing	By Report	By Report	0	0%	0%	0%	9	9	9			9		N		Υ
D9994	Case mgmt, pt education	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		



		DOLLAI	R VALUE				МС	DDIFIERS									
HCPCS	ADDDEWATED DECORPTION	NON-FACILITY	FACILITY			INTRA OP							TSI	ENDO	<b>50</b> /	/ /O DEO	PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)	(26/TC)				_			FSI	LIC REQ	AUTH
D9995	Teledentistry real-time	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9		9		X		
D9996	Teledentistry dent review	Not Covered	Not Covered	0	0%	0%	0%	9	9		9		9		X		V
D9997	Dent case mgmt special needs	By Report	By Report	0	0%	0%	0%	9	9	9	9		9		N		Y
D9999 E0100	Adjunctive procedure Cane adjust/fixed with tip	By Report \$25.21	By Report \$25.21	0	0% 0%	0% 0%	0% 0%	9	9 9	9	9	9	9		N F		Y
E0105	Cane adjust/fixed quad/3 pro	\$58.75	\$58.75	0	0%	0%	0%	9	9	9	9		9		F		
E0110	Crutch forearm pair	\$92.81	\$92.81	0	0%	0%	0%	9	9	9	9	9	9		F		
E0111	Crutch forearm each	\$63.69	\$63.69	0	0%	0%	0%	9	9	9	9	9	9		F		
E0112	Crutch underarm pair wood	\$44.26	\$44.26	0	0%	0%	0%	9	9	9	9	9	9		F		
E0113	Crutch underarm each wood	\$25.29	\$25.29	0	0%	0%	0%	9	9	9	9	9	9		F		
E0114	Crutch underarm pair no wood	\$53.22	\$53.22	0	0%	0%	0%	9	9	9	9	9	9		F		
E0116	Crutch underarm each no wood	\$28.48	\$28.48	0	0%	0%	0%	9	9	9	9	9	9		F		
E0117	Underarm springassist crutch	\$315.17	\$315.17	0	0%	0%	0%	9	9	9	9	9	9		F		
E0118	Crutch substitute	\$62.29	\$62.29	0	0%	0%	0%	9	9	9	9	9	9		F		
E0130	Walker rigid adjust/fixed ht	\$53.08	\$53.08	0	0%	0%	0%	9	9	9	9	9	9		F		
E0130	Walker rigid adjust/fixed ht	\$5.31	\$5.31	0	0%	0%	0%	9	9	9	9	9	9		F		
E0135	Walker folding adjust/fixed	\$56.68	\$56.68	0	0%	0%	0%	9	9	9	9		9		F		
E0135	Walker folding adjust/fixed	\$5.67	\$5.67	0	0%	0%	0%	9	9	9	9	9	9		F F		
E0140	Walker w trunk support	\$299.50	\$299.50	0	0% 0%	0%	0%	9	9	9	9	9	9		F		
E0140 E0141	Walker w trunk support Rigid wheeled walker adj/fix	\$29.95 \$65.98	\$29.95 \$65.98	0	0%	0% 0%	0% 0%	9	9 9	9	9	9	9		F F		
E0141	Rigid wheeled walker adj/fix	\$6.60	\$6.60	0	0%	0%	0%	9	9	9	9		9		F		
E0143	Walker folding wheeled w/o s	\$67.24	\$67.24	0	0%	0%	0%	9	9	9	9	9	9		F		
E0143	Walker folding wheeled w/o s	\$6.72	\$6.72	0	0%	0%	0%	9	9	9	9	9	9		F		
E0144	Enclosed walker w rear seat	\$292.61	\$292.61	0	0%	0%	0%	9	9	9	9	9	9		F		
E0144	Enclosed walker w rear seat	\$29.26	\$29.26	0	0%	0%	0%	9	9	9	9	9	9		F		
E0147	Walker variable wheel resist	\$445.78	\$445.78	0	0%	0%	0%	9	9	9	9	9	9		F		
E0147	Walker variable wheel resist	\$44.58	\$44.58	0	0%	0%	0%	9	9	9	9	9	9		F		
E0148	Heavyduty walker no wheels	\$94.92	\$94.92	0	0%	0%	0%	9	9	9	9		9		F		
E0148	Heavyduty walker no wheels	\$9.49	\$9.49	0	0%	0%	0%	9	9	9	9	9	9		F		
E0149	Heavy duty wheeled walker	\$150.94	\$150.94	0	0%	0%	0%	9	9	9	9	9	9		F		
E0149	Heavy duty wheeled walker	\$15.09	\$15.09	0	0%	0%	0%	9	9	9	9	9	9		F		
E0153	Forearm crutch platform atta	\$82.15	\$82.15	0	0%	0%	0% 0%	9	9				9		F F		
E0153 E0154	Forearm crutch platform atta  Walker platform attachment	\$8.22 \$54.20	\$8.22 \$54.20	0	0% 0%	0% 0%	0%	9	9				9		F		
E0154	Walker platform attachment	\$5.42	\$5.42	0	0%	0%	0%	9	9		9		9		F		
E0155	Walker wheel attachment,pair	\$22.61	\$22.61	0	0%	0%	0%	9	9				)		F		
E0155	Walker wheel attachment,pair	\$2.26	\$2.26	0	0%	0%	0%		9				9		<u>'</u> F		
E0156	Walker seat attachment	\$19.12	\$19.12	0	0%	0%	0%	9	9				9		F		
E0156	Walker seat attachment	\$1.91	\$1.91	0	0%	0%	0%	9	9	9	9		9		F		
E0157	Walker crutch attachment	\$59.70	\$59.70	0	0%	0%	0%	9	9	9	9		9		F		
E0157	Walker crutch attachment	\$5.97	\$5.97	0	0%	0%	0%	9	9	9	9		9		F		
E0158	Walker leg extenders set of4	\$24.29	\$24.29	0	0%	0%	0%	9	9		9		9		F		
E0158	Walker leg extenders set of4	\$2.43	\$2.43	0	0%	0%	0%	9	9	9	9	9	9		F		



		DOLLAF	R VALUE					ODIFIERS									
HCPCS	ADDDEWATED DECORPOSION	NON-FACILITY	FACILITY			INTRA OP							TSI	ENDO	<b>50</b> 1		PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)							BASE	FSI	LIC REQ	AUTH
E0159	Brake for wheeled walker	\$14.85	\$14.85	0		0%	0%								F		
E0159	Brake for wheeled walker	\$1.48	\$1.48	0		0%	0%	9	_			_			F		
E0160	Sitz type bath or equipment	\$31.58	\$31.58	0	0%	0%	0%	9				_	9		F		
E0161	Sitz bath/equipment w/faucet	\$25.09	\$25.09	0	0%	0%	0%	9		9	·		9	)	F		
E0162	Sitz bath chair	\$148.14	\$148.14	0	0%	0%	0%	9		9	_		9	)	F		
E0163	Commode chair with fixed arm	\$71.69	\$71.69	0		0%	0%	9					<u> </u>		F		
E0165	Commode chair with detacharm	\$276.46	\$276.46	0	0%	0%	0%	9	_		<u> </u>	_	9		F		
E0167	Commode chair pail or pan	\$11.58	\$11.58	0	0%	0%	0%	9			·	_	9		F		
E0168	Heavyduty/wide commode chair	\$130.84	\$130.84	0	0,0	0%	0%	9		9			$\vdash$		F		
E0170	Commode chair electric	\$1,591.45	\$1,591.45	0		0%	0%	9		9			, i		F		
E0171	Commode chair non-electric	\$295.12	\$295.12	0	0%	0%	0%	9		9			9		F		
E0172	Seat lift mechanism toilet	By Report	By Report	0	0%	0%	0%	9			Ū		Ŭ		N		
E0172	Seat lift mechanism toilet	By Report	By Report	0	0%	0%	0%				_				N		
E0175	Commode chair foot rest	\$71.17	\$71.17	0		0%	0%	9		9		_	9	)	F		
E0181	Press pad alternating w/ pum	\$196.55	\$196.55	0	0%	0%	0%	9	_	9			9		F		
E0181	Press pad alternating w/ pum	\$19.66	\$19.66	0	0%	0%	0%	9	_	9	J		9	)	F		
E0182	Replace pump, alt press pad	\$236.81	\$236.81	0	0%	0%	0%	9			_		Ĭ		F		
E0182	Replace pump, alt press pad	\$23.68	\$23.68	0		0%	0%	9					9		F		
E0184	Dry pressure mattress	\$178.45	\$178.45	0	0%	0%	0%	9			Ŭ		9		F		
E0184	Dry pressure mattress	\$17.85	\$17.85	0	0%	0%	0%	9			_		Ŭ		F		
E0185	Gel pressure mattress pad	\$219.26	\$219.26	0		0%	0%	9			•				F		
E0185	Gel pressure mattress pad	\$21.93	\$21.93	0		0%	0%	9							F		
E0186	Air pressure mattress	\$207.16	\$207.16	0	0%	0%	0%	9	9	9	9	9	9	)	F		
E0186	Air pressure mattress	\$20.72	\$20.72	0	0%	0%	0%	9	_		O	•	9	)	F		
E0187	Water pressure mattress	\$237.32	\$237.32	0		0%	0%	9		9		_	9		F		
E0187	Water pressure mattress	\$23.73	\$23.73	0	0%	0%	0%	9		9			9		F		
E0188	Synthetic sheepskin pad	\$27.17	\$27.17	0	0%	0%	0%	9			Ŭ				F		
E0189	Lambswool sheepskin pad	\$50.25	\$50.25	0	0%	0%	0%	9			U				F		
E0190	Positioning cushion	Not Covered	Not Covered	0	0,0	0%	0%	9			_		Ĭ		Χ		
E0191	Protector heel or elbow	\$10.16	\$10.16	0		0%	0%	9		9					F		
E0193	Powered air flotation bed	\$756.64	\$756.64	0	0%	0%	0%	9		9	J		9		F		
E0194	Air fluidized bed	\$3,470.05	\$3,470.05	0	0%	0%	0%	9			·		9		F		
E0196	Gel pressure mattress	\$334.52	\$334.52	0			0%								F		
E0196	Gel pressure mattress	\$33.45	\$33.45	0			0%						_	)	F		
E0197	Air pressure pad for mattres	\$223.84	\$223.84	0	0%	0%	0%						Ľ	)	F		
E0197	Air pressure pad for mattres	\$22.38	\$22.38	0	0%	0%	0%						_	)	F		
E0198	Water pressure pad for mattr	\$225.28	\$225.28	0			0%								F		
E0198	Water pressure pad for mattr	\$22.53	\$22.53	0		0%	0%						_		F		
E0199	Dry pressure pad for mattres	\$32.79	\$32.79	0	0%	0%	0%	9					, i		F		
E0200	Heat lamp without stand	Not Covered	Not Covered	0	0%	0%	0%	9					_		X		
E0202	Phototherapy light w/ photom	Not Covered	Not Covered	0		0%	0%								X		
E0203	Therapeutic lightbox tabletp	Not Covered	Not Covered	0		0%	0%								X		
E0205	Heat lamp with stand	Not Covered	Not Covered	0	0%	0%	0%								X		
E0210	Electric heat pad standard	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		



		DOLLAI	R VALUE					ODIFIERS									
HCPCS CODE	ABBREVIATED DESCRIPTION	NON-FACILITY SETTING	FACILITY SETTING	FOL UP	PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	<i>PCTC</i> (26/TC)						ENDO BASE	FSI	LIC REQ	PRIOR AUTH
E0215	Electric heat pad moist	Not Covered	Not Covered	0		0%	0%	. ,				÷	÷÷		X	2.0 1.2 4	7.0777
E0217	Water circ heat pad moist	Not Covered	Not Covered	0		0%	0%			9	_		_		X		
E0218	Fluid circ cold pad w pump	Not Covered	Not Covered	0	0%	0%	0%	9			_		9		X		
E0221	Infrared heating pad system	Not Covered	Not Covered	0	0%	0%	0%	9							X		
E0225	Hydrocollator unit	Not Covered	Not Covered	0	0%	0%	0%				1		_		X		
E0231	Wound warming device	By Report	By Report	0	0%	0%	0%			9			9		N		V
E0231	Wound warming device	By Report	By Report	0	0%	0%	0%	9		9			9		N		V
E0232	Warming card for nwt	By Report	By Report	0	0%	0%	0%	9	9	9	_		9		N		V
E0232	Warming card for nwt	By Report	By Report	0	0%	0%	0%	_	_	O			9		N		V
E0235	Paraffin bath unit portable	Not Covered	Not Covered	0	0%	0%	0%						_ ĭ		X		'
E0236	Pump for water circulating p	Not Covered	Not Covered	0	0%	0%	0%	9					9		X		
E0239	Hydrocollator unit portable	Not Covered	Not Covered	0	0%	0%	0%	9		9					Y		
E0240	Bath/shower chair	\$149.29	\$149.29	0	0%	0%	0%			Ū	1		9		F		
E0240	Bath tub wall rail	\$40.32	\$40.32	0		0%	0%								F		
E0241	Bath tub rail floor	\$91.37	\$91.37	0	0%	0%	0%	9					9		E		
E0242	Toilet rail	\$72.49	\$72.49	0	0%	0%	0%	9		9			g Q		_		
E0243	Toilet seat raised	\$54.90	\$54.90	0		0%	0%	Ü	Ů	9	_		9		F		
E0244	Tub stool or bench	\$90.51	\$90.51	0	0%	0%	0%			9			9		F		
E0245	Transfer tub rail attachment	\$123.54	\$123.54	0	0%	0%	0%	9		Ť			9		F		
			\$89.77	0	0%	0%	0%	9					9		r r		
E0247	Trans bench w/wo comm open	\$89.77 \$192.42	\$192.42	0	0%	0%	0% 0%						_		F		
E0248	Hdtrans bench w/wo comm open	<del></del>	· · · · · · · · · · · · · · · · · · ·	Ť	0%		0%						_		X		
E0249	Pad water circulating heat u	Not Covered	Not Covered	0		0%		9		9			9		Λ Ε		V
E0250	Hosp bed fixed ht w/ mattres	\$694.88	\$694.88	0	0%	0%	0%	9							F		Y
E0250	Hosp bed fixed ht w/ mattres	\$69.49	\$69.49	0	0%	0%	0%	9		9	O		9		F		Y
E0251	Hosp bed fixd ht w/o mattres	\$601.39	\$601.39	0	0%	0%	0%								r F		Y
E0251	Hosp bed fixd ht w/o mattres	\$60.14	\$60.14	0	0%	0%	0%								F		Y
E0255	Hospital bed var ht w/ mattr	\$760.15	\$760.15	0	0%	0%	0%	9		·	Ŭ		9		F		Y
E0255	Hospital bed var ht w/ mattr	\$76.02	\$76.02	0	0%	0%	0%	9		9	Ü		9		F		Y
E0256	Hospital bed var ht w/o matt	\$651.94	\$651.94	0	0%	0%	0%				_		9		F		Y
E0256	Hospital bed var ht w/o matt	\$65.19	\$65.19	0	0%	0%	0%	9			_		·		F		Y
E0260	Hosp bed semi-electr w/ matt	\$819.46	\$819.46	0	0%	0%	0%	9					9		F		Y
E0260	Hosp bed semi-electr w/ matt	\$81.95	\$81.95	0	0%	0%	0%	9		9	U		9				Y
E0261	Hosp bed semi-electr w/o mat	\$810.30	\$810.30	0			0%								F		Υ
E0261	Hosp bed semi-electr w/o mat	\$81.03	\$81.03	0		0%	0%						, i		F		Υ
E0265	Hosp bed total electr w/ mat	\$1,642.52	\$1,642.52	0	0%	0%	0%						_		F		Υ
E0265	Hosp bed total electr w/ mat	\$164.25	\$164.25	0	0%	0%	0%						Ū		F		Y
E0266	Hosp bed total elec w/o matt	\$1,438.66	\$1,438.66	0			0%								F_		Υ
E0266	Hosp bed total elec w/o matt	\$143.87	\$143.87	0		0%	0%				ļ		·		F		Υ
E0270	Hospital bed institutional t	By Report	By Report	0	0%	0%	0%						9		N		Υ
E0270	Hospital bed institutional t	By Report	By Report	0	0%	0%	0%				·		9		N		Υ
E0271	Mattress innerspring	\$147.11	\$147.11	0		0%	0%								F		
E0271	Mattress innerspring	\$14.71	\$14.71	0		0%	0%								F		
E0272	Mattress foam rubber	\$150.93	\$150.93	0	• • •	0%	0%								F		
E0272	Mattress foam rubber	\$15.09	\$15.09	0	0%	0%	0%	9	9	9	9	9	9		F		



		DOLLAF	R VALUE				МС	ODIFIERS	3								
HCPCS		NON-FACILITY	FACILITY			INTRA OP			MSI		ASI			ENDO			PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)	(26/TC)			(-80)	(-62)			FSI	LIC REQ	AUTH
E0273	Bed board	\$111.69	\$111.69	0		0%	0%								F		
E0274	Over-bed table	\$143.76	\$143.76	0	0%	0%	0%				9		9		F		
E0275	Bed pan standard	\$14.99	\$14.99	0	0%	0%	0%	9			9		9		F		
E0276	Bed pan fracture	\$12.27	\$12.27	0	0%	0%	0%	9			9		,		F		
E0277	Powered pres-redu air mattrs	\$295.01	\$295.01	0	0%	0%	0%					9	9		F		Υ
E0280	Bed cradle	\$33.46	\$33.46	0	0%	0%	0%	9			9	9	9		F		
E0290	Hosp bed fx ht w/o rails w/m	\$829.39	\$829.39	0	0%	0%	0%	9	9	9	9	9	9		F		Y
E0290	Hosp bed fx ht w/o rails w/m	\$82.94	\$82.94	0	0%	0%	0%	9	9		9	9	9		F		Υ
E0291	Hosp bed fx ht w/o rail w/o	\$663.51	\$663.51	0	0,0	0%	0%						,		F		Υ
E0291	Hosp bed fx ht w/o rail w/o	\$66.35	\$66.35	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
E0292	Hosp bed var ht no sr w/matt	\$862.57	\$862.57	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
E0292	Hosp bed var ht no sr w/matt	\$86.26	\$86.26	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
E0293	Hosp bed var ht no sr no mat	\$796.22	\$796.22	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
E0293	Hosp bed var ht no sr no mat	\$79.62	\$79.62	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
E0294	Hosp bed semi-elect w/ mattr	\$1,658.79	\$1,658.79	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
E0294	Hosp bed semi-elect w/ mattr	\$165.88	\$165.88	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
E0295	Hosp bed semi-elect w/o matt	\$1,327.03	\$1,327.03	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
E0295	Hosp bed semi-elect w/o matt	\$132.70	\$132.70	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
E0296	Hosp bed total elect w/ matt	\$2,211.71	\$2,211.71	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
E0296	Hosp bed total elect w/ matt	\$221.17	\$221.17	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
E0297	Hosp bed total elect w/o mat	\$2,633.04	\$2,633.04	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
E0297	Hosp bed total elect w/o mat	\$263.30	\$263.30	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
E0300	Enclosed ped crib hosp grade	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
E0301	Hd hosp bed, 350-600 lbs	\$3,428.16	\$3,428.16	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
E0301	Hd hosp bed, 350-600 lbs	\$342.82	\$342.82	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
E0302	Ex hd hosp bed > 600 lbs	\$13,270.28	\$13,270.28	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
E0302	Ex hd hosp bed > 600 lbs	\$1,327.03	\$1,327.03	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
E0303	Hosp bed hvy dty xtra wide	\$3,649.33	\$3,649.33	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
E0303	Hosp bed hvy dty xtra wide	\$364.93	\$364.93	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
E0304	Hosp bed xtra hvy dty x wide	\$9,510.37	\$9,510.37	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
E0304	Hosp bed xtra hvy dty x wide	\$951.04	\$951.04	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
E0305	Rails bed side half length	\$124.07	\$124.07	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
E0305	Rails bed side half length	\$12.41	\$12.41	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
E0310	Rails bed side full length	\$129.53	\$129.53	0	0%	0%	0%	9	9	9	9	9			F		
E0310	Rails bed side full length	\$12.95	\$12.95	0	0%	0%	0%	9	9	9	9	9	9		F		
E0315	Bed accessory brd/tbl/supprt	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
E0315	Bed accessory brd/tbl/supprt	By Report	By Report	0			0%	9			9	9	9		N		
E0316	Bed safety enclosure	\$2,091.22	\$2,091.22	0	0%	0%	0%	9				9	9		F		
E0316	Bed safety enclosure	\$209.12	\$209.12	0	0%	0%	0%	9	9	9	9	9	9		F		
E0325	Urinal male jug-type	\$9.44	\$9.44	0		0%	0%		9		9	9	9		F		
E0326	Urinal female jug-type	\$10.76	\$10.76	0	0%	0%	0%	9	9	9	9	9	9		F		
E0328	Ped hospital bed, manual	Not Covered	Not Covered	0		0%	0%						_		Χ		
E0329	Ped hospital bed semi/elect	Not Covered	Not Covered	0		0%	0%					9			X		
E0350	Control unit bowel system	By Report	By Report	0		0%									N		



		DOLLA	R VALUE					ODIFIERS									
HCPCS CODE	ABBREVIATED DESCRIPTION	NON-FACILITY SETTING	FACILITY SETTING	FOL UP	PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	<i>PCTC</i> (26/TC)		BSI (-50)		CSI (-62)		ENDO BASE	FSI	LIC REQ	PRIOR AUTH
E0352	Disposable pack w/bowel syst	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
E0370	Air elevator for heel	By Report	By Report	0	0%	0%	0%		9	9	9	9	9		N		
E0370	Air elevator for heel	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
E0371	Nonpower mattress overlay	\$2,282.42	\$2,282.42	0	0%	0%	0%	9	9	9	9	9	9		F		
E0371	Nonpower mattress overlay	\$228.24	\$228.24	0	0%	0%	0%	9	9	9	9	9	9		F		
E0372	Powered air mattress overlay	\$2,526.84	\$2,526.84	0	0%	0%	0%	9	9	9	9	9	9		F		
E0372	Powered air mattress overlay	\$252.68	\$252.68	0	0%	0%	0%	9		9	_	_	9		F		
E0373	Nonpowered pressure mattress	\$2,720.51	\$2,720.51	0	0%	0%	0%	9	9	9	9	9	9		F		
E0373	Nonpowered pressure mattress	\$272.05	\$272.05	0	0%	0%	0%	9	9	9	9	9	9		F		
E0424	Stationary compressed gas 02	\$104.42	\$104.42	0	0%	0%	0%						9		F		Υ
E0425	Gas system stationary compre	Not Covered	Not Covered	0	0%	0%	0%	9				_	9		X		
E0430	Oxygen system gas portable	Not Covered	Not Covered	0	0%	0%	0%	9		9	9	9	9		X		
E0431	Portable gaseous 02	\$52.21	\$52.21	0	0%	0%	0%			9	1		9		F		Υ
E0433	Portable liquid oxygen sys	\$52.21	\$52.21	0		0%	0%			9			9		F		
E0434	Portable liquid 02	\$52.21	\$52.21	0	0%	0%	0%	9				_	9		F		Υ
E0435	Oxygen system liquid portabl	Not Covered	Not Covered	0	0%	0%	0%	9		9			9		X		
E0439	Stationary liquid 02	\$104.42	\$104.42	0		0%	0%	9	9	9	_	•	9		F		Υ
E0440	Oxygen system liquid station	Not Covered	Not Covered	0	0%	0%	0%			9			9		X		<del>                                     </del>
E0441	Stationary o2 contents, gas	\$80.54	\$80.54	0	0%	0%	0%	9		9			9		F		Υ
E0442	Stationary o2 contents, liq	\$80.54	\$80.54	0	0%	0%	0%	9		9			9		F		Y
E0443	Portable 02 contents, gas	\$80.54	\$80.54	0	0%	0%	0%				1		9		F		Y
E0444	Portable 02 contents, liquid	\$80.54	\$80.54	0	0%	0%	0%			9			9		F.		Υ
E0445	Oximeter non-invasive	By Report	By Report	0	0%	0%	0%	9					9		N		Y
E0446	Topical ox deliver sys, nos	By Report	By Report	0	0%	0%	0%	9		9			9		N		
E0446	Topical ox deliver sys, nos	By Report	By Report	0	0%	0%	0%	_		9			9		N		
E0447	Port o2 cont, liq over 4 lpm	\$80.90	\$80.90	0	0%	0%	0%						9		F		
E0455	Oxygen tent excl croup/ped t	By Report	By Report	0	0%	0%	0%	9			_		9		N		Υ
E0457	Chest shell	\$1,601.79	\$1,601.79	0	0%	0%	0%	9		9			9		F		
E0457	Chest shell	\$160.18	\$160.18	0	0%	0%	0%			Ū			9		F		
E0459	Chest wrap	\$276.46	\$276.46	0	0%	0%	0%	9					9		<u>.</u> F		V
E0459	Chest wrap	\$27.65	\$27.65	0	0%	0%	0%	9					9		F		Y
E0462	Rocking bed w/ or w/o side r	\$2,962.78	\$2,962.78	0	0%	0%	0%	9		9			9		F		V
E0462	Rocking bed w/ or w/o side r	\$296.28	\$296.28	0			0%	_		U			Ŭ		F		Y
E0465	Home vent invasive interface	\$9,704.70	\$9,704.70	0			0%								<u>'</u> F		<del>  '  </del>
E0465	Home vent invasive interface	\$970.47	\$970.47	0	0%	0%	0%								F		_
E0466	Home vent non-invasive inter	\$9,704.70	\$9,704.70	0	0%	0%	0%						_		F		$\vdash$
E0466	Home vent non-invasive inter	\$970.47	\$970.47	0			0%						J		F		
E0467	Home vent multi-function	By Report	By Report	0			0%						9		<u>г</u> N		1
E0470	Rad w/o backup non-inv intfc	\$1,478.61	\$1,478.61	0	0%	0%	0%				_		9		F		V
E0470	Rad w/o backup non-inv intic	\$1,478.61	\$147.86	0	0%	0%	0%						9		F		V
	Rad w/o backup non inv intrfc		\$3,681.75	0		0%	0%				-		9		F		Y
E0471		\$3,681.75		0			0%						9		F		Y
E0471	Rad w backup non inv intrfc	\$368.17	\$368.17	0									9		F		
E0472	Rad w backup invasive intrfc	\$5,015.59	\$5,015.59	0	0.70	0%	0%								•		Υ
E0472	Rad w backup invasive intrfc	\$501.56	\$501.56	0	0%	0%	0%	9	9	9	9	9	9		F		Υ



		DOLLAF	R VALUE				М	ODIFIERS	3								
HCPCS CODE	ABBREVIATED DESCRIPTION	NON-FACILITY SETTING	FACILITY SETTING	FOL UP	PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	<i>PCTC</i> (26/TC)		BSI (-50)		CSI		ENDO	FSI	LIC REQ	PRIOR AUTH
													<del></del>			LICKEQ	AUTH
E0480	Percussor elect/pneum home m	\$525.71	\$525.71	0	0%	0%	0%						Ŭ		F F		
E0480	Percussor elect/pneum home m	\$52.57	\$52.57	0	0%	0%	0%			9	_	_	9		1		
E0481	Intrpulmnry percuss vent sys	By Report	By Report	0	0%	0%	0%	9			Ū		9		N		lacksquare
E0481	Intrpulmnry percuss vent sys	By Report	By Report	0	0%	0%	0%	9			Ū		9		N		\ <u></u>
E0482	Cough stimulating device	\$5,143.78	\$5,143.78	0	0%	0%	0%						9		F		Y
E0482	Cough stimulating device	\$514.38	\$514.38	0	0%	0%	0%			9			9		F -		Υ
E0483	Hi freq chest wall oscil sys	\$12,716.49	\$12,716.49	0	0%	0%	0%	9		9	_		9		F_		
E0483	Hi freq chest wall oscil sys	\$1,271.65	\$1,271.65	0	0%	0%	0%	9	9	9	O		9		F		
E0484	Non-elec oscillatory pep dvc	\$44.18	\$44.18	0	0%	0%	0%				_		9		F		
E0485	Oral device/appliance prefab	\$221.17	\$221.17	0	0%	0%	0%				_	_	9		F		Y
E0486	Oral device/appliance cusfab	By Report	By Report	0	0%	0%	0%	9			U		9		N		Υ
E0487	Electronic spirometer	Not Covered	Not Covered	0	0%	0%	0%	9		9	Ŭ		9		X		
E0500	Ippb all types	Not Covered	Not Covered	0	0%	0%	0%				_		9		X		4
E0550	Humidif extens supple w ippb	\$50.97	\$50.97	0	0%	0%	0%					_			F		Υ
E0555	Humidifier for use w/ regula	\$5.53	\$5.53	0	0%	0%	0%	9		9			9		F		Υ
E0560	Humidifier supplemental w/ i	\$176.81	\$176.81	0	0%	0%	0%	9	Ů	9	O	•	9		F		
E0560	Humidifier supplemental w/ i	\$17.68	\$17.68	0	0%	0%	0%			9			9		F		
E0561	Humidifier nonheated w pap	\$85.47	\$85.47	0	0%	0%	0%			9	9	9	9		F		
E0562	Humidifier heated used w pap	\$180.99	\$180.99	0	0%	0%	0%	9	9	9	9	9	9		F		
E0565	Compressor air power source	\$47.90	\$47.90	0	0%	0%	0%	9	9	9	9	9	9		F		
E0570	Nebulizer with compression	\$85.46	\$85.46	0	0%	0%	0%			9	9	9	9		F		
E0570	Nebulizer with compression	\$8.55	\$8.55	0	0%	0%	0%	9	9	9	9	9	9		F		
E0572	Aerosol compressor adjust pr	\$322.47	\$322.47	0	0%	0%	0%	9	9	9	9	9	9		F		
E0572	Aerosol compressor adjust pr	\$32.25	\$32.25	0	0%	0%	0%	9	9	9	9	9	9		F		
E0574	Ultrasonic generator w svneb	\$481.54	\$481.54	0	0%	0%	0%	9	9	9	9	9	9		F		
E0574	Ultrasonic generator w svneb	\$48.15	\$48.15	0	0%	0%	0%	9	9	9	9	9	9		F		
E0575	Nebulizer ultrasonic	\$1,229.45	\$1,229.45	0	0%	0%	0%	9	9	9	9	9	9		F		
E0575	Nebulizer ultrasonic	\$122.94	\$122.94	0	0%	0%	0%	9	9	9	9	9	9		F		
E0580	Nebulizer for use w/ regulat	\$136.85	\$136.85	0	0%	0%	0%	9	9	9	9	9	9		F		
E0585	Nebulizer w/ compressor & he	\$301.06	\$301.06	0	0%	0%	0%	9	9	9	9	9	9		F		
E0585	Nebulizer w/ compressor & he	\$30.11	\$30.11	0	0%	0%	0%	9	9	9	9	9	9		F		
E0600	Suction pump portab hom modl	\$547.64	\$547.64	0	0%	0%	0%	9	9	9	9	9	9		F		
E0600	Suction pump portab hom modl	\$54.76	\$54.76	0	0%	0%	0%	9	9	9	9	9	9		F		
E0601	Cont airway pressure device	\$598.09	\$598.09	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
E0601	Cont airway pressure device	\$59.81	\$59.81	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
E0602	Manual breast pump	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
E0603	Electric breast pump	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
E0604	Hosp grade elec breast pump	Not Covered	Not Covered	0	0%	0%	0%	9					9		X		
E0605	Vaporizer room type	\$31.60	\$31.60	0	0%	0%	0%	9	9	9	9	9	9		F		
E0606	Drainage board postural	\$27.46	\$27.46	0	0%	0%	0%		9	9	9	9	9		F		Υ
E0607	Blood glucose monitor home	\$79.92	\$79.92	0		0%	0%		9	9			9		F		
E0610	Pacemaker monitr audible/vis	\$241.82	\$241.82	0		0%	0%						9		F		
E0615	Pacemaker monitr digital/vis	\$572.70	\$572.70	0	0%	0%	0%						9		F		
E0615	Pacemaker monitr digital/vis	\$57.27	\$57.27	0	0%	0%	0%						_		F		



		DOLLA	R VALUE					ODIFIERS									
HCPCS CODE	ABBREVIATED DESCRIPTION	NON-FACILITY SETTING	FACILITY SETTING	FOL UP	PRE OP (-56)	INTRA OP (-54)	POST OP (-55)					CSI (-62)	TSI (-66)	ENDO BASE	FSI	LIC REQ	PRIOR AUTH
							0%	9				_		_	N	LICKL	AUTTI
E0616	Cardiac event recorder	By Report	By Report	0	0%	0%											
E0616	Cardiac event recorder	By Report	By Report	0	0%	0%	0%	9	_				_	_	N		V
E0617	Automatic ext defibrillator	\$4,037.89	\$4,037.89	0	0%	0%	0%	9					9	,	F		Y
E0617	Automatic ext defibrillator	\$403.79	\$403.79	0	0%	0%	0%	9		9	·		9	)			Υ
E0618	Apnea monitor	Not Covered	Not Covered	0	0%	0%	0%			9	_		9	"	X		
E0619	Apnea monitor w recorder	Not Covered	Not Covered	0	0%	0%	0%	9						_	X		
	Cap bld skin piercing laser	\$1,045.76	\$1,045.76	0	0%	0%	0%	9	_		<u> </u>		9		F		
E0620	Cap bld skin piercing laser	\$104.58	\$104.58	0	0%	0%	0%	9	_	9	U		9	4	F		
	Patient lift sling or seat	\$87.34	\$87.34	0	0%	0%	0%	9		9	_		9		F		
	Patient lift sling or seat	\$8.73	\$8.73	0	0%	0%	0%	9					, ,		F		
E0625	Patient lift bathroom or toi	By Report	By Report	0	0%	0%	0%	9		9			9		N		
E0625	Patient lift bathroom or toi	By Report	By Report	0	0%	0%	0%	9			U				N		
	Seat lift mech, electric any	\$294.63	\$294.63	0	0%	0%	0%	9					Ŭ		F		Υ
E0627	Seat lift mech, electric any	\$29.46	\$29.46	0	0%	0%	0%	9		9			9	)	F		Υ
E0629	Seat lift mech, non-electric	\$293.08	\$293.08	0	0%	0%	0%	9	_	9	<u> </u>		9	)	F		Υ
E0629	Seat lift mech, non-electric	\$29.31	\$29.31	0	0%	0%	0%	9	_	9	9		9	)	F		Υ
E0630	Patient lift hydraulic	\$1,393.38	\$1,393.38	0	0%	0%	0%	9			_		9	)	F		Υ
E0630	Patient lift hydraulic	\$139.34	\$139.34	0	0%	0%	0%	9		9	9	9	9	)	F		Υ
E0635	Patient lift electric	\$2,609.84	\$2,609.84	0	0%	0%	0%	9		9	U		9	)	F		Υ
E0635	Patient lift electric	\$260.98	\$260.98	0	0%	0%	0%	9		9	_		9	)	F		Υ
	Pt support & positioning sys	\$10,475.46	\$10,475.46	0	0%	0%	0%	9			•		9	)	F		
	Pt support & positioning sys	\$1,047.55	\$1,047.55	0	0%	0%	0%	9		9	9	9	9	)	F		
E0637	Combination sit to stand sys	\$4,598.15	\$4,598.15	0	0%	0%	0%	9	9	9	9	9	9	)	F		Υ
E0638	Standing frame sys	\$4,961.98	\$4,961.98	0	0%	0%	0%	9	9	9	9	9	9	)	F		
E0638	Standing frame sys	\$496.20	\$496.20	0	0%	0%	0%	9	9	9	9	9	9	)	F		
E0639	Moveable patient lift system	\$1,281.44	\$1,281.44	0	0%	0%	0%	9	9	9	9	9	9	)	F		
E0639	Moveable patient lift system	\$128.14	\$128.14	0	0%	0%	0%	9	9	9	9	9	9	)	F		
E0640	Fixed patient lift system	\$1,281.44	\$1,281.44	0	0%	0%	0%	9	9	9	9	9	9	)	F		
E0640	Fixed patient lift system	\$128.14	\$128.14	0	0%	0%	0%	9	9	9	9	9	9	)	F		
E0641	Multi-position stnd fram sys	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	)	N		
E0641	Multi-position stnd fram sys	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	)	N		
E0642	Dynamic standing frame	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	)	N		
E0642	Dynamic standing frame	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	)	N		
E0650	Pneuma compresor non-segment	\$861.46	\$861.46	0	0%	0%	0%	9	9	9	9	9	9	)	F		
E0650	Pneuma compresor non-segment	\$86.15	\$86.15	0	0%	0%	0%	9	9	9	9	9	9	)	F		
	Pneum compressor segmental	\$1,098.54	\$1,098.54	0	0%	0%	0%	9	9	9	9	9	9	)	F		
E0651	Pneum compressor segmental	\$109.85	\$109.85	0	0%	0%	0%	9	9	9	9	9	9	)	F		
E0652	Pneum compres w/cal pressure	\$5,769.92	\$5,769.92	0		0%	0%						9		F		Υ
E0652	Pneum compres w/cal pressure	\$576.99	\$576.99	0	0%	0%	0%	9			_		9	)	F		Υ
E0655	Pneumatic appliance half arm	\$129.10	\$129.10	0	0%	0%	0%	9					9	)	F		
	Pneumatic appliance half arm	\$12.91	\$12.91	0		0%	0%						9	)	F		
E0656	Segmental pneumatic trunk	\$691.27	\$691.27	0		0%	0%								F		
E0656	Segmental pneumatic trunk	\$69.13	\$69.13	0	0%	0%	0%	9					_		F		
E0657	Segmental pneumatic chest	\$649.27	\$649.27	0	0%	0%	0%						_		F		



		DOLLAF	R VALUE				МС	ODIFIERS	3								
HCPCS		NON-FACILITY	FACILITY			INTRA OP			MSI		ASI			ENDO			PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)	(26/TC)	(-51)	(-50)	(-80)	(-62)			FSI	LIC REQ	AUTH
E0657	Segmental pneumatic chest	\$64.93	\$64.93	0		0%	0%					_	·		F		
E0660	Pneumatic appliance full leg	\$191.09	\$191.09	0	0%	0%	0%				9		9		F		
E0660	Pneumatic appliance full leg	\$19.11	\$19.11	0	0%	0%	0%	9	9		9		9		F		
E0665	Pneumatic appliance full arm	\$151.73	\$151.73	0	0%	0%	0%	9			9		9		F		
E0665	Pneumatic appliance full arm	\$15.17	\$15.17	0		0%	0%					9	9		F		
E0666	Pneumatic appliance half leg	\$165.18	\$165.18	0	0%	0%	0%	9	9	9	9	9	9		F		
E0666	Pneumatic appliance half leg	\$16.52	\$16.52	0	0%	0%	0%	9	9	9	9	9	9		F		
E0667	Seg pneumatic appl full leg	\$387.27	\$387.27	0	0%	0%	0%	9	9		9	9	9		F		
E0667	Seg pneumatic appl full leg	\$38.73	\$38.73	0	0%	0%	0%				9	9	9		F		
E0668	Seg pneumatic appl full arm	\$528.55	\$528.55	0	0%	0%	0%	9	9	9	9	9	9		F		
E0668	Seg pneumatic appl full arm	\$52.85	\$52.85	0	0%	0%	0%	9	9	9	9	9	9		F		
E0669	Seg pneumatic appli half leg	\$219.27	\$219.27	0	0%	0%	0%	9	9	9	9	9	9		F		
E0669	Seg pneumatic appli half leg	\$21.93	\$21.93	0	0%	0%	0%	9	9	9	9	9	9		F		
E0670	Seg pneum int legs/trunk	\$1,503.60	\$1,503.60	0	0%	0%	0%	9	9	9	9	9	9		F		
E0670	Seg pneum int legs/trunk	\$150.36	\$150.36	0	0%	0%	0%	9	9	9	9	9	9		F		
E0671	Pressure pneum appl full leg	\$496.81	\$496.81	0	0%	0%	0%	9	9	9	9	9	9		F		
E0671	Pressure pneum appl full leg	\$49.68	\$49.68	0	0%	0%	0%	9	9	9	9	9	9		F		
E0672	Pressure pneum appl full arm	\$386.01	\$386.01	0	0%	0%	0%	9	9	9	9	9	9		F		
E0672	Pressure pneum appl full arm	\$38.60	\$38.60	0	0%	0%	0%	9	9	9	9	9	9		F		
E0673	Pressure pneum appl half leg	\$320.76	\$320.76	0	0%	0%	0%	9	9	9	9	9	9		F		
E0673	Pressure pneum appl half leg	\$32.08	\$32.08	0	0%	0%	0%	9	9	9	9	9	9		F		
E0675	Pneumatic compression device	\$4,599.64	\$4,599.64	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
E0675	Pneumatic compression device	\$459.96	\$459.96	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
E0676	Inter limb compress dev nos	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
E0691	Uvl pnl 2 sq ft or less	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
E0692	Uvl sys panel 4 ft	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
E0693	Uvl sys panel 6 ft	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
E0694	Uvl md cabinet sys 6 ft	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
E0700	Safety equipment	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
E0705	Transfer device	\$56.05	\$56.05	0	0%	0%	0%	9	9	9	9	9	9		F		
E0705	Transfer device	\$5.61	\$5.61	0	0%	0%	0%	9	9	9	9	9	9		F		
E0710	Restraints any type	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
E0720	Tens two lead	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
E0730	Tens four lead	Not Covered	Not Covered	0	0%	0%	0%	9			9	9	_		Χ		
E0731	Conductive garment for tens/	Not Covered	Not Covered	0	0%	0%	0%	9			9	9	9		Χ		
E0740	Non-implant pelv flr e-stim	Not Covered	Not Covered	0		0%	0%	9					9		X		
E0744	Neuromuscular stim for scoli	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
E0745	Neuromuscular stim for shock	\$107.08	\$107.08	0		0%	0%								F		Υ
E0746	Electromyograph biofeedback	By Report	By Report	0	0%	0%	0%		9				9		N		Υ
E0747	Elec osteogen stim not spine	\$4,684.12	\$4,684.12	0	0%	0%	0%	9	9				9		F		Υ
E0747	Elec osteogen stim not spine	\$468.41	\$468.41	0		0%	0%						9		F		Υ
E0748	Elec osteogen stim spinal	\$4,653.79	\$4,653.79	0		0%	0%						_		F		Y
E0748	Elec osteogen stim spinal	\$465.38	\$465.38	0		0%	0%								F		Υ
E0749	Elec osteogen stim implanted	\$3,323.34	\$3,323.34	0		0%	0%			4					F		Υ



		DOLLAF	R VALUE				МС	ODIFIERS	3								
HCPCS CODE	ABBREVIATED DESCRIPTION	NON-FACILITY SETTING	FACILITY SETTING	FOL UP	PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	<i>PCTC</i> (26/TC)		BSI (-50)		CSI (-62)		ENDO	FSI	LIC REQ	PRIOR AUTH
													<del></del>		F	LICILLA	V
E0749	Electronic cellivery reflex a	\$332.33	\$332.33	0	0%	0%	0%	9			_		Ŭ		X		Y
E0755	Electronic salivary reflex s	Not Covered	Not Covered	0	0%	0%	0%			9		_	9		Λ <u>-</u>		V
E0760	Osteogen ultrasound stimltor	\$3,867.21	\$3,867.21	0	0%	0%	0%	9			9		9		<u> </u>		Y
E0760	Osteogen ultrasound stimitor	\$386.72	\$386.72	0	0%	0%	0%	9			Ū		9		F V		Υ
E0761	Nontherm electromgntc device	Not Covered	Not Covered	0	0%	0%	0%						9		X		4
E0761	Nontherm electromgntc device	Not Covered	Not Covered	0	0%	0%	0%	9		9		_	9		X		4
E0762	Trans elec jt stim dev sys	Not Covered	Not Covered	0	0%	0%	0%	9		9	_		9		X F		V
E0764	Functional neuromuscularstim	\$13,237.16	\$13,237.16	0	0%	0%	0%	9	9	9	O		9		F		Y
E0764	Functional neuromuscularstim	\$1,323.72	\$1,323.72	0	0%	0%	0%	9					9		•		Y
E0765	Nerve stimulator for tx n&v	Not Covered	Not Covered	0	0%	0%	0%	9					9		X		
E0766	Elec stim cancer treatment	Not Covered	Not Covered	0	0%	0%	0%	9			Ŭ		9		X		
E0769	Electric wound treatment dev	Not Covered	Not Covered	0	0%	0%	0%	9		9	Ū		9		X		1/
E0770	Functional electric stim nos	\$8,736.27	\$8,736.27	0	0%	0%	0%	9			_		9		F		Y
E0770	Functional electric stim nos	\$873.63	\$873.63	0	0%	0%	0%	9				_			F -		Υ
E0776	lv pole	\$155.79	\$155.79	0	0%	0%	0%	9			Ŭ		9		F		
E0776	Iv pole	\$15.58	\$15.58	0	0%	0%	0%	9	Ů	9	U		9		F		
E0779	Amb infusion pump mechanical	\$196.55	\$196.55	0	0%	0%	0%	9		9	_		9		F		
E0779	Amb infusion pump mechanical	\$19.66	\$19.66	0	0%	0%	0%	9		9			9		F		
E0780	Mech amb infusion pump <8hrs	\$12.41	\$12.41	0	0%	0%	0%	9		9	9		9		F		
E0781	External ambulatory infus pu	\$269.43	\$269.43	0	0%	0%	0%	9			Ū		9		F		Υ
E0782	Non-programble infusion pump	\$5,135.48	\$5,135.48	0	0%	0%	0%	9					9		F		Υ
E0782	Non-programble infusion pump	\$513.55	\$513.55	0	0%	0%	0%	9		9			9		F		Υ
E0783	Programmable infusion pump	\$9,792.59	\$9,792.59	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
E0783	Programmable infusion pump	\$979.26	\$979.26	0	0%	0%	0%	9		9	9		9		F		Υ
E0784	Ext amb infusn pump insulin	\$4,678.19	\$4,678.19	0	0%	0%	0%	9		9	9	9	9		F		Y
E0784	Ext amb infusn pump insulin	\$467.82	\$467.82	0	0%	0%	0%	9		9	9	9	9		F		Υ
E0785	Replacement impl pump cathet	\$547.01	\$547.01	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
E0786	Implantable pump replacement	\$9,552.06	\$9,552.06	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
E0786	Implantable pump replacement	\$955.21	\$955.21	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
E0787	Cgs dose adj insulin inf pmp	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
E0791	Parenteral infusion pump sta	\$3,205.35	\$3,205.35	0	0%	0%	0%	9	9	9	9	9	9		F		
E0791	Parenteral infusion pump sta	\$320.54	\$320.54	0	0%	0%	0%	9	9	9	9	9	9		F		
E0830	Ambulatory traction device	\$530.35	\$530.35	0	0%	0%	0%	9	9	9	9	9	9		F		
E0830	Ambulatory traction device	\$53.03	\$53.03	0	0%	0%	0%	9	9	9	9	9	9		F		
E0840	Tract frame attach headboard	\$87.64	\$87.64	0	0%	0%	0%	9	9	9	9	9	9		F		
E0840	Tract frame attach headboard	\$8.76	\$8.76	0	0%	0%	0%	9	9	9	9	9	9		F		
E0849	Cervical pneum trac equip	\$616.42	\$616.42	0	0%	0%	0%	9	9	9	9	9	9		F		
E0849	Cervical pneum trac equip	\$61.64	\$61.64	0	0%	0%	0%	9	9	9	9	9	9		F		
E0850	Traction stand free standing	\$125.65	\$125.65	0	0%	0%	0%	9	9	9	9	9	9		F		
E0850	Traction stand free standing	\$12.57	\$12.57	0	0%	0%	0%	9	9	9	9	9	9		F		
E0855	Cervical traction equipment	\$601.18	\$601.18	0	0%	0%	0%	9	9	9	9	9	9		F		
E0855	Cervical traction equipment	\$60.12	\$60.12	0	0%	0%	0%						9		F		
E0856	Cervic collar w air bladders	\$184.09	\$184.09	0	0%	0%	0%						9		F		
E0856	Cervic collar w air bladders	\$18.41	\$18.41	0	0%	0%	0%						_		F		



		DOLLAF	R VALUE				МС	ODIFIERS	3								
HCPCS		NON-FACILITY	FACILITY			INTRA OP			MSI		ASI			ENDO			PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)	(26/TC)	(-51)	(-50)	(-80)	(-62)			FSI	LIC REQ	AUTH
E0860	Tract equip cervical tract	\$45.71	\$45.71	0		0%	0%					_	·		F		
E0870	Tract frame attach footboard	\$139.13	\$139.13	0	0%	0%	0%				9		9		F		
E0870	Tract frame attach footboard	\$13.91	\$13.91	0	0%	0%	0%	9			9		9		F		
E0880	Trac stand free stand extrem	\$150.17	\$150.17	0	0%	0%	0%	9			9		9		F		
E0880	Trac stand free stand extrem	\$15.02	\$15.02	0	0%	0%	0%				9	9	9		F		
E0890	Traction frame attach pelvic	\$144.01	\$144.01	0	0%	0%	0%	9	9	9	9	9	9		F		
E0890	Traction frame attach pelvic	\$14.40	\$14.40	0	0%	0%	0%	9	9	9	9	9	9		F		
E0900	Trac stand free stand pelvic	\$153.27	\$153.27	0	0%	0%	0%	9	9		9	9	9		F		
E0900	Trac stand free stand pelvic	\$15.33	\$15.33	0	0,0	0%	0%				9		,		F		
E0910	Trapeze bar attached to bed	\$255.73	\$255.73	0	0%	0%	0%	9	9	9	9	9	9		F		
E0910	Trapeze bar attached to bed	\$25.57	\$25.57	0	0%	0%	0%	9	9	9	9	9	9		F		
E0911	Hd trapeze bar attach to bed	\$438.61	\$438.61	0	0%	0%	0%	9	9	9	9	9	9		F		
E0911	Hd trapeze bar attach to bed	\$43.86	\$43.86	0	0%	0%	0%	9	9	9	9	9	9		F		
E0912	Hd trapeze bar free standing	\$896.16	\$896.16	0	0%	0%	0%	9	9	9	9	9	9		F		
E0912	Hd trapeze bar free standing	\$89.62	\$89.62	0	0%	0%	0%	9	9	9	9	9	9		F		
E0920	Fracture frame attached to b	\$510.27	\$510.27	0	0%	0%	0%	9	9	9	9	9	9		F		
E0920	Fracture frame attached to b	\$51.03	\$51.03	0	0%	0%	0%	9	9	9	9	9	9		F		
E0930	Fracture frame free standing	\$546.31	\$546.31	0	0%	0%	0%	9	9	9	9	9	9		F		
E0930	Fracture frame free standing	\$54.63	\$54.63	0	0%	0%	0%	9	9	9	9	9	9		F		
E0935	Cont pas motion exercise dev	\$27.21	\$27.21	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
E0936	Cpm device, other than knee	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
E0940	Trapeze bar free standing	\$414.70	\$414.70	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
E0940	Trapeze bar free standing	\$41.47	\$41.47	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
E0941	Gravity assisted traction de	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
E0942	Cervical head harness/halter	\$23.73	\$23.73	0	0%	0%	0%	9	9	9	9	9	9		F		
E0944	Pelvic belt/harness/boot	\$51.03	\$51.03	0	0%	0%	0%	9	9	9	9	9	9		F		
E0945	Belt/harness extremity	\$53.01	\$53.01	0	0%	0%	0%	9	9	9	9	9	9		F		
E0946	Fracture frame dual w cross	\$70.76	\$70.76	0	0%	0%	0%	9	9	9	9	9	9		F		
E0947	Fracture frame attachmnts pe	\$74.78	\$74.78	0	0%	0%	0%	9	9	9	9	9	9		F		
E0948	Fracture frame attachmnts ce	\$70.14	\$70.14	0	0%	0%	0%	9	9	9	9	9	9		F		
E0950	Tray	\$107.17	\$107.17	0	0%	0%	0%	9	9	9	9	9	9		F		
E0950	Tray	\$10.72	\$10.72	0	0%	0%	0%	9	9	9	9	9	9		F		
E0951	Loop heel	\$19.57	\$19.57	0	0%	0%	0%	9	9	9	9	9	9		F		
E0952	Toe loop/holder, each	\$19.43	\$19.43	0	0%	0%	0%	9			9	9	_		F		
E0953	W/c lateral thigh/knee sup	By Report	By Report	0	0%	0%	0%	9			9	9	9		N		
E0953	W/c lateral thigh/knee sup	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
E0954	Foot box, any type each foot	By Report	By Report	0			0%					_	9		N		
E0954	Foot box, any type each foot	By Report	By Report	0			0%								N		
E0955	Cushioned headrest	\$208.49	\$208.49	0	0%	0%	0%						9		F		
E0955	Cushioned headrest	\$20.85	\$20.85	0	0%	0%	0%						9		F		
E0956	W/c lateral trunk/hip suppor	\$101.62	\$101.62	0		0%	0%						9		F		
E0956	W/c lateral trunk/hip suppor	\$10.16	\$10.16	0		0%	0%								F		
E0957	W/c medial thigh support	\$142.21	\$142.21	0		0%	0%								F		
E0957	W/c medial thigh support	\$14.22	\$14.22	0		0%	0%								F		



		DOLLAR	VALUE				МС	ODIFIERS	3								
HCPCS		NON-FACILITY	FACILITY			INTRA OP								ENDO			PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)	(26/TC)				_			FSI	LIC REQ	AUTH
E0958	Whlchr att- conv 1 arm drive	\$521.80	\$521.80	0		0%	0%								F		Υ
E0958	Whlchr att- conv 1 arm drive	\$52.18	\$52.18	0	0%	0%	0%				9		9		F		Υ
E0959	Amputee adapter	\$52.87	\$52.87	0	0%	0%	0%	9	9		9		9		F		
E0959	Amputee adapter	\$5.29	\$5.29	0	0%	0%	0%	9			9		9		F		
E0960	W/c shoulder harness/straps	\$93.80	\$93.80	0		0%	0%					9	9		F		
E0960	W/c shoulder harness/straps	\$9.38	\$9.38	0	0%	0%	0%					9	9		F		
E0961	Wheelchair brake extension	\$30.25	\$30.25	0	0%	0%	0%	9	9		9	9	9		F		
E0961	Wheelchair brake extension	\$3.02	\$3.02	0	0%	0%	0%	9	9		9	9	9		F		
E0966	Wheelchair head rest extensi	\$85.36	\$85.36	0	0,0	0%	0%				9		,		F		
E0966	Wheelchair head rest extensi	\$8.54	\$8.54	0		0%	0%				9	_	9		F		
E0967	Man wc rim/projection rep ea	\$78.56	\$78.56	0	0%	0%	0%	9			9		9		F		
E0967	Man wc rim/projection rep ea	\$7.86	\$7.86	0	0%	0%	0%	9	9		9	_	9		F		
E0968	Wheelchair commode seat	\$208.91	\$208.91	0	0%	0%	0%				9		9		F		Υ
E0968	Wheelchair commode seat	\$20.89	\$20.89	0		0%	0%				9				F		Υ
E0969	Wheelchair narrowing device	\$187.35	\$187.35	0	0%	0%	0%	9	9	9	9	9	9		F		
E0969	Wheelchair narrowing device	\$18.73	\$18.73	0	0%	0%	0%	9	9		9	9	9		F		
E0970	Wheelchair no. 2 footplates	\$87.09	\$87.09	0		0%	0%					9	9		F		Υ
E0970	Wheelchair no. 2 footplates	\$8.71	\$8.71	0	0%	0%	0%	9			9	9	9		F		Υ
E0971	Wheelchair anti-tipping devi	\$51.89	\$51.89	0	0%	0%	0%	9	9		9		9		F		
E0971	Wheelchair anti-tipping devi	\$5.19	\$5.19	0	0%	0%	0%	9	9		9		9		F		
E0973	W/ch access det adj armrest	\$100.76	\$100.76	0	0%	0%	0%				9		9		F		
E0973	W/ch access det adj armrest	\$10.08	\$10.08	0	0%	0%	0%	9			9	9	9		F		
E0974	W/ch access anti-rollback	\$93.79	\$93.79	0	0%	0%	0%	9			9	9	9		F		
E0974	W/ch access anti-rollback	\$9.38	\$9.38	0	0%	0%	0%	9	9		9	•	9		F		
E0978	W/c acc,saf belt pelv strap	\$44.02	\$44.02	0		0%	0%						_		F		
E0978	W/c acc,saf belt pelv strap	\$4.40	\$4.40	0	0%	0%	0%	9	9	9	9	9	9		F		
E0980	Wheelchair safety vest	\$39.54	\$39.54	0	0%	0%	0%	9			9	9	9		F		
E0980	Wheelchair safety vest	\$3.95	\$3.95	0	0%	0%	0%	9	9		9	9	9		F		
E0981	Seat upholstery, replacement	\$48.61	\$48.61	0	0%	0%	0%				9		9		F		
E0981	Seat upholstery, replacement	\$4.86	\$4.86	0	0%	0%	0%	9			9	9	9		F		
E0982	Back upholstery, replacement	\$53.11	\$53.11	0	0%	0%	0%	9	9	9	9	9	9		F		
E0982	Back upholstery, replacement	\$5.31	\$5.31	0	0%	0%	0%	9	9		9	9	9		F		
E0983	Add pwr joystick	\$2,989.55	\$2,989.55	0			0%								F		Υ
E0983	Add pwr joystick	\$298.95	\$298.95	0		0%	0%	9			9	9	9		F		Υ
E0984	Add pwr tiller	\$2,285.20	\$2,285.20	0		0%	0%	9					9		F		Υ
E0984	Add pwr tiller	\$228.52	\$228.52	0		0%	0%	9				9	9		F		Υ
E0985	W/c seat lift mechanism	\$242.88	\$242.88	0			0%								F		
E0985	W/c seat lift mechanism	\$24.29	\$24.29	0			0%						9		F		
E0986	Man w/c push-rim powr system	\$5,818.37	\$5,818.37	0		0%	0%		9				9		F		Υ
E0986	Man w/c push-rim powr system	\$581.84	\$581.84	0	0%	0%	0%		9				9		F		Υ
E0988	Lever-activated wheel drive	\$3,465.46	\$3,465.46	0		0%	0%						_		F		
E0990	Wheelchair elevating leg res	\$102.90	\$102.90	0		0%	0%				9	9	9		F		
E0990	Wheelchair elevating leg res	\$10.29	\$10.29	0		0%	0%								F		
E0992	Wheelchair solid seat insert	\$113.83	\$113.83	0	0%	0%	0%	9	9	9	9	9	9		F		



		DOLLAF	R VALUE					ODIFIERS									
HCPCS	40005/44750 0500007/04/	NON-FACILITY	FACILITY	_		_						CSI	TSI	ENDO	<b>50</b> 1		PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)		_				_	BASE	FSI	LIC REQ	AUTH
E0992	Wheelchair solid seat insert	\$11.38	\$11.38	0	0%	0%	0%								F		
E0994	Wheelchair arm rest	\$21.09	\$21.09	0	0%	0%	0%					_			F		
E0994	Wheelchair arm rest	\$2.11	\$2.11	0	0%	0%	0%	9				_	9		F		
E0995	Wc calf rest, pad replacemnt	\$31.33	\$31.33	0	0%	0%	0%	9					9		F		
E0995	Wc calf rest, pad replacemnt	\$3.13	\$3.13	0	0%	0%	0%				_		9		F		
E1002	Pwr seat tilt	\$4,178.43	\$4,178.43	0	0%	0%	0%						<u> </u>		F		Υ
E1002	Pwr seat tilt	\$417.84	\$417.84	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
E1003	Pwr seat recline	\$4,527.25	\$4,527.25	0	0%	0%	0%	9				_	9		F		Υ
E1003	Pwr seat recline	\$452.73	\$452.73	0	0%	0%	0%				9	9	9	)	F		Υ
E1004	Pwr seat recline mech	\$5,254.05	\$5,254.05	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
E1004	Pwr seat recline mech	\$525.40	\$525.40	0	0%	0%	0%	9					9		F		Υ
E1005	Pwr seat recline pwr	\$5,718.71	\$5,718.71	0	0%	0%	0%	9			J		9		F		Υ
E1005	Pwr seat recline pwr	\$571.87	\$571.87	0	0%	0%	0%				_		9		F		Υ
E1006	Pwr seat combo w/o shear	\$7,028.98	\$7,028.98	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
E1006	Pwr seat combo w/o shear	\$702.90	\$702.90	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
E1007	Pwr seat combo w/shear	\$9,101.15	\$9,101.15	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
E1007	Pwr seat combo w/shear	\$910.11	\$910.11	0	0%	0%	0%	9	9	9	9	9	9	)	F		Υ
E1008	Pwr seat combo pwr shear	\$9,219.45	\$9,219.45	0	0%	0%	0%	9	9	9	9	9	9	)	F		Υ
E1008	Pwr seat combo pwr shear	\$921.95	\$921.95	0	0%	0%	0%	9	9	9	9	9	9	)	F		Υ
E1009	Add mech leg elevation	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
E1009	Add mech leg elevation	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	)	N		
E1010	Add pwr leg elevation	\$1,230.06	\$1,230.06	0	0%	0%	0%	9	9	9	9	9	9		F		
E1010	Add pwr leg elevation	\$123.01	\$123.01	0	0%	0%	0%	9			9	9	9	)	F		
E1011	Ped wc modify width adjustm	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Х		
E1012	Ctr mount pwr elev leg rest	\$1,080.76	\$1,080.76	0	0%	0%	0%	9	9	9	9	9	9	)	F		
E1014	Reclining back add ped w/c	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Х		
E1015	Shock absorber for man w/c	\$137.20	\$137.20	0	0%	0%	0%	9	9	9	9	9	9	)	F		
E1016	Shock absorber for power w/c	\$135.39	\$135.39	0	0%	0%	0%	9	9	9	9	9	9		F		
E1017	Hd shck absrbr for hd man wc	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	1	N		
E1018	Hd shck absrber for hd powwc	By Report	By Report	0	0%	0%	0%				_		9		N		
E1020	Residual limb support system	\$250.81	\$250.81	0	0%	0%	0%	9			_		9		F		
E1020	Residual limb support system	\$25.08	\$25.08	0	0%	0%	0%						9		F		
E1028	W/c manual swingaway	\$212.82	\$212.82	0							_		9		F		
E1028	W/c manual swingaway	\$21.28	\$21.28	0	0%										F		
E1029	W/c vent tray fixed	\$380.85	\$380.85	0	0%	0%	0%								F		
E1029	W/c vent tray fixed	\$38.08	\$38.08	0	0%	0%	0%						9	)	F		
E1030	W/c vent tray gimbaled	\$1,274.64	\$1,274.64	0	0%	0%	0%		_				9		F		
E1030	W/c vent tray gimbaled	\$127.46	\$127.46	0		0%	0%								F.		
E1031	Rollabout chair with casters	\$472.69	\$472.69	0	0%	0%	0%				_		_		F		
E1031	Rollabout chair with casters	\$47.27	\$47.27	0	0%	0%	0%		_		_	_	, i		F		
E1035	Patient transfer system <300	\$5,576.55	\$5,576.55	0		0%	0%		_				_		F		
E1036	Patient transfer system >300	\$886.31	\$886.31	0		0%	0%								F		
E1037	Transport chair, ped size	Not Covered	Not Covered	0	0%	0%	0%						_		X		
E1037	Transport chair pt wt<=300lb	\$160.10	\$160.10	0	0%	0%	0%				_		_		F		
L 1000	Transport Grian pt Wt = 300ib	φ100.10	φ100.10	U	0 /0	0 /0	0 /0	9	9	9	9	9	9				



		DOLLAR	VALUE				М	ODIFIERS									
HCPCS CODE	ARREVIATED DESCRIPTION	NON-FACILITY	FACILITY	_		INTRA OP			MSI (E1)		ASI			ENDO	EGI	LIC BEO	PRIOR
	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)	(26/TC)				Ė			FSI	LIC REQ	AUTH
E1038	Transport chair pt wt<=300lb	\$16.01	\$16.01	0		0%	0%								<u> </u>		4
E1039	Transport chair pt wt >300lb	\$338.22	\$338.22	0	0%	0%	0%			_	9		9		F		
E1039	Transport chair pt wt >300lb	\$33.82	\$33.82	0	0%	0%	0%	9	9		9		9		<u>F</u>		4
E1050	Whelchr fxd full length arms	\$1,218.22	\$1,218.22	0	0%	0%	0%	9			9		5		<u>F</u>		Y
E1050	Whelchr fxd full length arms	\$121.82	\$121.82	0	0%	0%	0%					9	,		F		Υ
E1060	Wheelchair detachable arms	\$1,486.02	\$1,486.02	0	0%	0%	0%					9	9		F		Υ
E1060	Wheelchair detachable arms	\$148.60	\$148.60	0	0%	0%	0%	9	9		9	9	9		F		Υ
E1070	Wheelchair detachable foot r	\$1,310.27	\$1,310.27	0	0%	0%	0%	9	9		9	9	9		F		Υ
E1070	Wheelchair detachable foot r	\$131.03	\$131.03	0	0,0	0%	0%				9		,		F		Υ
E1083	Hemi-wheelchair fixed arms	\$941.88	\$941.88	0		0%	0%			_	9	9	9		F		Υ
E1083	Hemi-wheelchair fixed arms	\$94.19	\$94.19	0	0%	0%	0%	9			9	9	9		F		Υ
E1084	Hemi-wheelchair detachable a	\$1,173.44	\$1,173.44	0	0%	0%	0%	9	9		9	_	9		F		Υ
E1084	Hemi-wheelchair detachable a	\$117.34	\$117.34	0	0%	0%	0%				9		9		F		Υ
E1085	Hemi-wheelchair fixed arms	\$1,345.23	\$1,345.23	0		0%	0%				9		9		F		Υ
E1085	Hemi-wheelchair fixed arms	\$134.52	\$134.52	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
E1086	Hemi-wheelchair detachable a	\$1,638.43	\$1,638.43	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
E1086	Hemi-wheelchair detachable a	\$163.84	\$163.84	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
E1087	Wheelchair lightwt fixed arm	\$1,467.49	\$1,467.49	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
E1087	Wheelchair lightwt fixed arm	\$146.75	\$146.75	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
E1088	Wheelchair lightweight det a	\$1,803.45	\$1,803.45	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
E1088	Wheelchair lightweight det a	\$180.34	\$180.34	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
E1089	Wheelchair lightwt fixed arm	\$2,174.80	\$2,174.80	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
E1089	Wheelchair lightwt fixed arm	\$217.31	\$217.31	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
E1090	Wheelchair lightweight det a	\$2,242.06	\$2,242.06	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
E1090	Wheelchair lightweight det a	\$224.21	\$224.21	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
E1092	Wheelchair wide w/ leg rests	\$1,537.19	\$1,537.19	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
E1092	Wheelchair wide w/ leg rests	\$153.72	\$153.72	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
E1093	Wheelchair wide w/ foot rest	\$1,322.01	\$1,322.01	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
E1093	Wheelchair wide w/ foot rest	\$132.20	\$132.20	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
E1100	Whchr s-recl fxd arm leg res	\$1,241.59	\$1,241.59	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
E1100	Whchr s-recl fxd arm leg res	\$124.16	\$124.16	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
E1110	Wheelchair semi-recl detach	\$1,073.77	\$1,073.77	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
E1110	Wheelchair semi-recl detach	\$107.38	\$107.38	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
E1130	Whichr stand fxd arm ft rest	\$774.10	\$774.10	0		0%	0%						_		F		Υ
E1130	Whichr stand fxd arm ft rest	\$77.41	\$77.41	0		0%	0%	9			9	9	_		F		Υ
E1140	Wheelchair standard detach a	\$1,241.76	\$1,241.76	0		0%	0%	9					_		F		Υ
E1140	Wheelchair standard detach a	\$124.18	\$124.18	0			0%						9		F		Υ
E1150	Wheelchair standard w/ leg r	\$954.73	\$954.73	0			0%								F		Y
E1150	Wheelchair standard w/ leg r	\$95.47	\$95.47	0		0%	0%		9				9		F		Υ
E1160	Wheelchair fixed arms	\$731.57	\$731.57	0	0%	0%	0%	9	9	-	9		9		F		Υ
E1160	Wheelchair fixed arms	\$73.16	\$73.16	0		0%	0%					_	9		F		Y
E1161	Manual adult wc w tiltinspac	\$2,769.24	\$2,769.24	0		0%	0%						_		F		Y
E1161	Manual adult wc w tiltinspac	\$276.92	\$276.92	0		0%	0%								F		Υ
E1170	Whichr ampu fxd arm leg rest	\$888.60	\$888.60	0		0%	0%								F		Y



		DOLLAF	R VALUE					ODIFIERS									
HCPCS	ADDDEWATED DECODIDION	NON-FACILITY	FACILITY	_	_	INTRA OP					_	CSI	TSI	ENDO	<b>50</b> /	/ /O DEO	PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)							BASE	FSI	LIC REQ	AUTH
E1170	Whlchr ampu fxd arm leg rest	\$88.86	\$88.86	0	0%	0%	0%		-		_				F		Υ
E1171	Wheelchair amputee w/o leg r	\$958.66	\$958.66	0	0%	0%	0%					_			F		Υ
E1171	Wheelchair amputee w/o leg r	\$95.87	\$95.87	0	0%	0%	0%	9				_	9		F		Υ
E1172	Wheelchair amputee detach ar	\$1,171.89	\$1,171.89	0	0%	0%	0%	9			,		9		F		Υ
E1172	Wheelchair amputee detach ar	\$117.19	\$117.19	0	0%	0%	0%		-		_		9		F		Υ
E1180	Wheelchair amputee w/ foot r	\$1,030.22	\$1,030.22	0	0%	0%	0%								F		Υ
E1180	Wheelchair amputee w/ foot r	\$103.02	\$103.02	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
E1190	Wheelchair amputee w/ leg re	\$1,400.36	\$1,400.36	0	0%	0%	0%	9			,	_	9		F		Υ
E1190	Wheelchair amputee w/ leg re	\$140.04	\$140.04	0	0%	0%	0%				9	9	9	)	F		Υ
E1195	Wheelchair amputee heavy dut	\$1,502.60	\$1,502.60	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
E1195	Wheelchair amputee heavy dut	\$150.26	\$150.26	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
E1200	Wheelchair amputee fixed arm	\$1,040.72	\$1,040.72	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
E1200	Wheelchair amputee fixed arm	\$104.07	\$104.07	0	0%	0%	0%		9	9	9	9	9		F		Υ
E1220	Whlchr special size/constrc	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	)	N		Υ
E1221	Wheelchair spec size w foot	\$494.52	\$494.52	0	0%	0%	0%	9	9	9	9	9	9	)	F		Υ
E1221	Wheelchair spec size w foot	\$49.45	\$49.45	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
E1222	Wheelchair spec size w/ leg	\$810.71	\$810.71	0	0%	0%	0%	9	9	9	9	9	9	)	F		Υ
E1222	Wheelchair spec size w/ leg	\$81.07	\$81.07	0	0%	0%	0%	9	9	9	9	9	9	)	F		Υ
E1223	Wheelchair spec size w foot	\$885.35	\$885.35	0	0%	0%	0%	9	9	9	9	9	9	)	F		Υ
E1223	Wheelchair spec size w foot	\$88.54	\$88.54	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
E1224	Wheelchair spec size w/ leg	\$970.60	\$970.60	0	0%	0%	0%	9	9	9	9	9	9	)	F		Υ
E1224	Wheelchair spec size w/ leg	\$97.06	\$97.06	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
E1225	Manual semi-reclining back	\$405.25	\$405.25	0	0%	0%	0%	9			9	9	9	)	F		Υ
E1225	Manual semi-reclining back	\$40.53	\$40.53	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
E1226	Manual fully reclining back	\$652.66	\$652.66	0	0%	0%	0%	9	9	9	9	9	9	)	F		Υ
E1226	Manual fully reclining back	\$65.27	\$65.27	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
E1227	Wheelchair spec sz spec ht a	\$331.93	\$331.93	0	0%	0%	0%	9	9	9	9	9	9	)	F		Υ
E1227	Wheelchair spec sz spec ht a	\$33.19	\$33.19	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
E1228	Wheelchair spec sz spec ht b	\$330.81	\$330.81	0	0%	0%	0%	9	9	9	9	9	9	1	F		Υ
E1228	Wheelchair spec sz spec ht b	\$33.08	\$33.08	0	0%	0%	0%						9		F		Υ
E1229	Pediatric wheelchair nos	Not Covered	Not Covered	0	0%	0%	0%	9	_		_		9		Χ		
E1230	Power operated vehicle	\$2,705.41	\$2,705.41	0	0%	0%	0%	9					9		F		Υ
E1231	Rigid ped w/c tilt-in-space	Not Covered	Not Covered	0							_				Х		
E1232	Folding ped wc tilt-in-space	Not Covered	Not Covered	0	0%										Х		
E1233	Rig ped wc tltnspc w/o seat	Not Covered	Not Covered	0	0%	0%	0%						9	)	X		
E1234	Fld ped wc tltnspc w/o seat	Not Covered	Not Covered	0	0%	0%	0%						9		X		
E1235	Rigid ped wc adjustable	Not Covered	Not Covered	0	0%	0%	0%						9		X		
E1236	Folding ped wc adjustable	Not Covered	Not Covered	0	0%	0%	0%								X		
E1237	Rgd ped wc adjastable w/o seat	Not Covered	Not Covered	0	0%	0%	0%				_		_		X		
E1238	Fld ped wc adjstabl w/o seat	Not Covered	Not Covered	0	0%	0%	0%		_			_	, i		X		
E1239	Ped power wheelchair nos	Not Covered	Not Covered	0	0%	0%	0%				_		_		X		
E1240	Whehr litwt det arm leg rest	\$1,232.33	\$1,232.33	0	0%	0%	0%								F		Y
E1240	Whchr litwt det arm leg rest	\$1,232.33	\$123.23	0	0%	0%	0%						_		F		' V
E1250	Wheelchair lightwt fixed arm	\$1,105.86	\$1,105.86	0	0%	0%	0%						_		F		V
L 1230	TVVIIGEIGHAII IIGHKWI HXEU AHH	ψ1,100.00	ψ1,105.00	U	U /0	0 /0	0%	9	9	9	9	9	9				



		DOLLAI	R VALUE				М	ODIFIERS	3								
HCPCS CODE	ABBREVIATED DESCRIPTION	NON-FACILITY	FACILITY			INTRA OP				BSI (EQ)		CSI		ENDO	ECI	LIC REQ	PRIOR
		SETTING	SETTING	UP	(-56)	(-54)	(-55)	(26/TC)							FSI -	LIC REQ	AUTH
E1250	Wheelchair lightwt fixed arm	\$110.59	\$110.59	0		0%	0%						Ŭ		<u>F</u>		Υ
E1260	Wheelchair lightwt foot rest	\$1,552.19	\$1,552.19	0	0%	0%	0%			9		_	9		F		Υ
E1260	Wheelchair lightwt foot rest	\$155.22	\$155.22	0	0%	0%	0%	9					9		<u>F</u>		Υ
E1270	Wheelchair lightweight leg r	\$944.25	\$944.25	0	0%	0%	0%	9			Ū		9		F		Υ
E1270	Wheelchair lightweight leg r	\$94.42	\$94.42	0	0%	0%	0%						9		F		Υ
E1280	Whchr h-duty det arm leg res	\$1,552.84	\$1,552.84	0	0%	0%	0%			9		_	9		F		Υ
E1280	Whchr h-duty det arm leg res	\$155.28	\$155.28	0	0%	0%	0%	9	9	9	·		9		F		Υ
E1285	Wheelchair heavy duty fixed	\$2,000.61	\$2,000.61	0	0%	0%	0%	9	9	9	J		9		F		Υ
E1285	Wheelchair heavy duty fixed	\$200.06	\$200.06	0	0%	0%	0%				_		9		F		Υ
E1290	Wheelchair hvy duty detach a	\$2,069.60	\$2,069.60	0	0%	0%	0%						9		F		Υ
E1290	Wheelchair hvy duty detach a	\$206.96	\$206.96	0	0%	0%	0%	9		9	U		9		F		Υ
E1295	Wheelchair heavy duty fixed	\$1,452.87	\$1,452.87	0	0%	0%	0%	9			Ŭ		9		F		Υ
E1295	Wheelchair heavy duty fixed	\$145.29	\$145.29	0	0%	0%	0%				_		9		F		Υ
E1296	Wheelchair special seat heig	\$588.08	\$588.08	0	0%	0%	0%				9	9	9		F		
E1296	Wheelchair special seat heig	\$58.81	\$58.81	0	0%	0%	0%	9	9	9	9	9	9		F		
E1297	Wheelchair special seat dept	\$125.13	\$125.13	0	0%	0%	0%	9	9	9	9	9	9		F		
E1297	Wheelchair special seat dept	\$12.51	\$12.51	0	0%	0%	0%	9	9	9	9	9	9		F		
E1298	Wheelchair spec seat depth/w	\$506.76	\$506.76	0	0%	0%	0%	9	9	9	9	9	9		F		
E1298	Wheelchair spec seat depth/w	\$50.68	\$50.68	0	0%	0%	0%	9	9	9	9	9	9		F		
E1300	Whirlpool portable	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
E1310	Whirlpool non-portable	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
E1352	O2 flow reg pos inspir press	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
E1353	Oxygen supplies regulator	\$7.39	\$7.39	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
E1354	Wheeled cart, port cyl/conc	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
E1355	Oxygen supplies stand/rack	\$5.55	\$5.55	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
E1356	Batt pack/cart, port conc	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
E1357	Battery charger, port conc	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
E1358	Dc power adapter, port conc	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
E1372	Oxy suppl heater for nebuliz	\$135.56	\$135.56	0	0%	0%	0%	9	9	9	9	9	9		F		
E1372	Oxy suppl heater for nebuliz	\$13.56	\$13.56	0	0%	0%	0%	9	9	9			9		F		
E1390	Oxygen concentrator	\$104.42	\$104.42	0	0%	0%	0%	9					9		F		Υ
E1391	Oxygen concentrator, dual	\$104.42	\$104.42	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
E1392	Portable oxygen concentrator	\$52.21	\$52.21	0			0%	9	9	9			9		F		Υ
E1399	Durable medical equipment mi	By Report	By Report	0	0%	0%	0%								N		
E1399	Durable medical equipment mi	By Report	By Report	0	0%	0%	0%								N		
E1405	O2/water vapor enrich w/heat	\$134.17	\$134.17	0	0%	0%	0%								F		Υ
E1406	O2/water vapor enrich w/o he	\$112.61	\$112.61	0	0%		0%						·		F		Y
E1500	Centrifuge	By Report	By Report	0	0%	0%	0%								<u>.</u> N		
E1510	Kidney dialysate delivry sys	\$97.14	\$97.14	0	0%	0%	0%				_		9		F		
E1520	Heparin infusion pump	By Report	By Report	0	0%	0%	0%						9		N		
E1530	Replacement air bubble detec	By Report	By Report	0	0%	0%	0%						9		N		
E1540	Replacement pressure alarm	By Report	By Report	0	0%	0%	0%								N		
E1550	Bath conductivity meter	By Report	By Report	0	0%	0%	0%								N		
E1560	Replace blood leak detector	By Report	By Report	0	0%	0%	0%								N		
_ 1000	respiace bioda idak detected	Dy Roport	Dy Roport		0 /0	0 /0	0 /0	9	9	J	9	9	J				



		DOLLAI	R VALUE				М	ODIFIERS									
HCPCS		NON-FACILITY	FACILITY			INTRA OP							TSI	ENDO			PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)	(26/TC)	(-51)	(-50)	(-80)	(-62)	(-66)	BASE	FSI	LIC REQ	AUTH
E1570	Adjustable chair for esrd pt	By Report	By Report	0		0%	0%					_	9		N		
E1575	Transducer protect/fld bar	By Report	By Report	0	0%	0%	0%	9		9	9	9	9		N		
E1580	Unipuncture control system	By Report	By Report	0	0%	0%	0%	9		9	9	9	9		N		
E1590	Hemodialysis machine	By Report	By Report	0	0%	0%	0%	9			9	_	9		N		
E1592	Auto interm peritoneal dialy	By Report	By Report	0	0%	0%	0%	9			_		9		N		
E1594	Cycler dialysis machine	\$877.30	\$877.30	0		0%	0%	9					9		F		
E1600	Deli/install chrg hemo equip	By Report	By Report	0	0%	0%	0%	9			9		9		N		
E1610	Reverse osmosis h2o puri sys	\$36.20	\$36.20	0	0%	0%	0%	9			U		9		F		
E1615	Deionizer h2o puri system	By Report	By Report	0	0%	0%	0%	9					9		N		
E1620	Replacement blood pump	By Report	By Report	0	0%	0%	0%			9	9	9	9		N		
E1625	Water softening system	By Report	By Report	0	0%	0%	0%	9	9	9	9		9		N		
E1630	Reciprocating peritoneal dia	By Report	By Report	0	0%	0%	0%	9		9	9		9		N		
E1632	Wearable artificial kidney	By Report	By Report	0	0%	0%	0%	9			_		9		N		
E1634	Peritoneal dialysis clamp	By Report	By Report	0	0%	0%	0%	9					9		N		
E1635	Compact travel hemodialyzer	By Report	By Report	0	0%	0%	0%	9			9	·	9		N		
E1636	Sorbent cartridges per 10	By Report	By Report	0	0%	0%	0%	9			9		9		N		
E1637	Hemostats for dialysis, each	By Report	By Report	0	0%	0%	0%	9					9		N		
E1639	Scale, each	By Report	By Report	0	0%	0%	0%	9					9		N		
E1699	Dialysis equipment noc	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
E1700	Jaw motion rehab system	\$350.68	\$350.68	0	0%	0%	0%	9			9		9		F		Υ
E1700	Jaw motion rehab system	\$35.07	\$35.07	0	0%	0%	0%	9					9		F		Υ
E1701	Repl cushions for jaw motion	\$12.27	\$12.27	0		0%	0%	9		9	9	9	9		F		
E1702	Repl measr scales jaw motion	\$26.12	\$26.12	0	0%	0%	0%	9		9	9		9		F		
E1800	Adjust elbow ext/flex device	\$146.53	\$146.53	0	0%	0%	0%	9			9		9		F		
E1801	Sps elbow device	\$154.32	\$154.32	0	0,0	0%	0%	9			_		9		F		
E1802	Adjst forearm pro/sup device	\$390.91	\$390.91	0		0%	0%	9					9		F		
E1805	Adjust wrist ext/flex device	\$151.13	\$151.13	0	0%	0%	0%	9					9		F		
E1806	Sps wrist device	\$126.70	\$126.70	0	0%	0%	0%	9			Ü		9		F		
E1810	Adjust knee ext/flex device	\$149.02	\$149.02	0		0%	0%	9							F		
E1811	Sps knee device	\$160.42	\$160.42	0		0%	0%	9		_			9		F		
E1812	Knee ext/flex w act res ctrl	\$102.86	\$102.86	0	0%	0%	0%	9	_			·	9		F		
E1815	Adjust ankle ext/flex device	\$151.13	\$151.13	0	0%	0%	0%	9	,	_	J		9		F		
E1816	Sps ankle device	\$162.97	\$162.97	0			0%								F		
E1818	Sps forearm device	\$166.36	\$166.36	0			0%								F		
E1820	Soft interface material	\$92.23	\$92.23	0	0%	0%	0%	9							F		
E1821	Replacement interface spsd	\$125.88	\$125.88	0	0%	0%	0%	9			·		9		F		
E1825	Adjust finger ext/flex devc	\$151.13	\$151.13	0		0%	0%								F		4
E1830	Adjust toe ext/flex device	\$151.13	\$151.13	0		0%	0%								F		
E1831	Static str toe dev ext/flex	\$79.03	\$79.03	0	0%	0%	0%				·		9		F		
E1840	Adj shoulder ext/flex device	\$457.78	\$457.78	0	0%	0%	0%								F -		
E1841	Static str shldr dev rom adj	\$541.84	\$541.84	0		0%	0%								F		
E1902	Aac non-electronic board	By Report	By Report	0		0%	0%						9		N		Υ
E2000	Gastric suction pump hme mdl	\$61.99	\$61.99	0	0%	0%	0%						9		F		Υ
E2100	Bld glucose monitor w voice	\$695.68	\$695.68	0	0%	0%	0%	9	9	9	9	9	9		F		



		DOLLAF	R VALUE					ODIFIERS									
HCPCS	ADDDEWATED DECORPOTION	NON-FACILITY	FACILITY			INTRA OP							TSI	ENDO	<b>50</b> /		PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)	(26/TC)							FSI	LIC REQ	AUTH
E2101	Bld glucose monitor w lance	\$225.53	\$225.53	0	0%	0%	0%								F		
E2120	Pulse gen sys tx endolymp fl	Not Covered	Not Covered	0	0%	0%	0%		_			_			X		
E2201	Man w/ch acc seat w>=20"<24"	\$446.29	\$446.29	0	0%	0%	0%	9				_	9		F		
E2201	Man w/ch acc seat w>=20"<24"	\$44.63	\$44.63	0	0%	0%	0%	9			_		9		F		
E2202	Seat width 24-27 in	\$566.93	\$566.93	0	0%	0%	0%				_		9		F		
E2202	Seat width 24-27 in	\$56.69	\$56.69	0	0%	0%	0%	9					<u> </u>		F		
E2203	Frame depth less than 22 in	\$573.01	\$573.01	0	0%	0%	0%	9	_				9		F		
E2203	Frame depth less than 22 in	\$57.30	\$57.30	0	0%	0%	0%	9			·	_	9		F		
E2204	Frame depth 22 to 25 in	\$972.94	\$972.94	0	0%	0%	0%	9			_	_	Ĭ		F		
E2204	Frame depth 22 to 25 in	\$97.29	\$97.29	0	0%	0%	0%	9				_	<u> </u>		F		
E2205	Manual wc accessory, handrim	\$39.07	\$39.07	0	0%	0%	0%	9					9		F		
E2205	Manual wc accessory, handrim	\$3.91	\$3.91	0	0%	0%	0%	9			U				F		
E2206	Man wc whl lock comp repl ea	\$48.65	\$48.65	0	0%	0%	0%								F		
E2206	Man wc whl lock comp repl ea	\$4.86	\$4.86	0	0%	0%	0%	9				_	9		F		
E2207	Crutch and cane holder	\$51.85	\$51.85	0	0%	0%	0%	9	_	9		_	9		F		
E2207	Crutch and cane holder	\$5.19	\$5.19	0	0%	0%	0%	9	_		J		9		F		
E2208	Cylinder tank carrier	\$122.46	\$122.46	0	0%	0%	0%	9			_				F		
E2208	Cylinder tank carrier	\$12.25	\$12.25	0	0%	0%	0%	9					9		F		
E2209	Arm trough each	\$110.48	\$110.48	0	0%	0%	0%	9			U		9		F		
E2209	Arm trough each	\$11.05	\$11.05	0	0%	0%	0%	9			_		Ŭ		F		
E2210	Wheelchair bearings	\$6.74	\$6.74	0	0%	0%	0%	9			_				F		
E2211	Pneumatic propulsion tire	\$48.94	\$48.94	0	0%	0%	0%	9							F		
E2212	Pneumatic prop tire tube	\$7.02	\$7.02	0	0%	0%	0%	9	9	9	9	9	9		F		
E2213	Pneumatic prop tire insert	\$36.39	\$36.39	0	0%	0%	0%	9	_		O	•	9		F		
E2214	Pneumatic caster tire each	\$43.06	\$43.06	0	0%	0%	0%					_	9		F		
E2215	Pneumatic caster tire tube	\$11.29	\$11.29	0	0%	0%	0%	9					9		F		
E2216	Foam filled propulsion tire	\$56.57	\$56.57	0	0%	0%	0%	9			Ŭ				F		
E2217	Foam filled caster tire each	\$50.04	\$50.04	0	0%	0%	0%	9			U				F		
E2218	Foam propulsion tire each	\$56.57	\$56.57	0	0%	0%	0%	9			_				F		
E2219	Foam caster tire any size ea	\$50.04	\$50.04	0	0%	0%	0%	9							F		
E2220	Solid propuls tire, repl, ea	\$34.13	\$34.13	0	0%	0%	0%	9			J		9		F		
E2221	Solid caster tire repl, each	\$30.56	\$30.56	0	0%	0%	0%	9			·		9		F		
E2222	Solid caster integ whl, repl	\$25.20	\$25.20	0			0%								F		
E2224	Propulsion whl excl tire rep	\$99.70	\$99.70	0	0%		0%						9		F		
E2225	Caster wheel excludes tire	\$20.81	\$20.81	0	0%	0%	0%						9		F		
E2226	Caster fork replacement only	\$45.37	\$45.37	0	0%	0%	0%						9		F		
E2227	Gear reduction drive wheel	\$2,237.73	\$2,237.73	0	0%		0%								F		
E2227	Gear reduction drive wheel	\$223.77	\$223.77	0		0%	0%						_		F		
E2228	Mwc acc, wheelchair brake	\$1,119.69	\$1,119.69	0	0%	0%	0%	9				_	, i		F		
E2228	Mwc acc, wheelchair brake	\$111.97	\$111.97	0	0%	0%	0%	9					_		F		
E2230	Manual standing system	By Report	By Report	0	0%	0%	0%								N		Υ
E2230	Manual standing system	By Report	By Report	0	0%	0%	0%								N		Υ
E2231	Solid seat support base	\$183.81	\$183.81	0	0%	0%	0%								F		
E2231	Solid seat support base	\$18.38	\$18.38	0	0%	0%	0%	9	9	9	9	9	9		F		



		DOLLAF	R VALUE					ODIFIERS									
HCPCS		NON-FACILITY	FACILITY			INTRA OP						CSI	TSI	ENDO			PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)						(-66)	BASE	FSI	LIC REQ	AUTH
	Planar back for ped size wc	Not Covered	Not Covered	0	0%	0%	0%							_	X		
E2292	Planar seat for ped size wc	Not Covered	Not Covered	0	0%	0%	0%		9	9	9	9	9	9	Χ		
E2293	Contour back for ped size wc	Not Covered	Not Covered	0	0%	0%	0%			9	9	9	9	9	X		
E2294	Contour seat for ped size wc	Not Covered	Not Covered	0	0%	0%	0%	9		9	_		9	9	X		
E2295	Ped dynamic seating frame	Not Covered	Not Covered	0	0%	0%	0%			9	_		9	9	X		
E2300	Pwr seat elevation sys	By Report	By Report	0	0%	0%	0%						9	9	N		Υ
	Pwr seat elevation sys	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	9	N		Υ
E2301	Pwr standing	By Report	By Report	0	0%	0%	0%	9			·		9	,	N		Υ
	Pwr standing	By Report	By Report	0	0%	0%	0%			9	_		9	9	Ν		Υ
E2310	Electro connect btw control	\$1,227.80	\$1,227.80	0	0%	0%	0%			9	9	9	9	)	F		
	Electro connect btw control	\$122.78	\$122.78	0	0%	0%	0%	9	9	9	9	9	9	9	F		
	Electro connect btw 2 sys	\$2,481.85	\$2,481.85	0	0%	0%	0%	9			Ū				F		
	Electro connect btw 2 sys	\$248.19	\$248.19	0	0%	0%	0%							4	F		
	Mini-prop remote joystick	\$3,076.44	\$3,076.44	0	0%	0%	0%	9	9	9	9	9	9	9	F		
E2312	Mini-prop remote joystick	\$307.64	\$307.64	0	0%	0%	0%	9	9	9	9	9	9	9	F		
E2313	Pwc harness, expand control	\$383.32	\$383.32	0	0%	0%	0%	9	9	9	9		9	)	F		
E2313	Pwc harness, expand control	\$38.33	\$38.33	0	0%	0%	0%				_		9	9	F		
E2321	Hand interface joystick	\$2,668.83	\$2,668.83	0	0%	0%	0%	9	9	9	9	9	9	)	F		
E2321	Hand interface joystick	\$266.88	\$266.88	0	0%	0%	0%	9	9	9	9	9	9	9	F		
	Mult mech switches	\$2,826.05	\$2,826.05	0	0%	0%	0%	9		9	9	9	9	)	F		
E2322	Mult mech switches	\$282.60	\$282.60	0	0%	0%	0%				_		9	9	F		
E2323	Special joystick handle	\$74.74	\$74.74	0	0%	0%	0%			9	9	9	9	)	F		
E2323	Special joystick handle	\$7.47	\$7.47	0	0%	0%	0%	9	9	9	9	9	9	)	F		
E2324	Chin cup interface	\$48.04	\$48.04	0	0%	0%	0%	9	•	9	O	•	9	)	F		
E2324	Chin cup interface	\$4.80	\$4.80	0	0%	0%	0%		9	9	9	9	9	9	F		
E2325	Sip and puff interface	\$1,460.69	\$1,460.69	0	0%	0%	0%	9	9	9	9	9	9	9	F		
E2325	Sip and puff interface	\$146.07	\$146.07	0	0%	0%	0%	9	9	9	9	9	9	9	F		
E2326	Breath tube kit	\$380.03	\$380.03	0	0%	0%	0%	9	9	9	9	9	9	9	F		
	Breath tube kit	\$38.00	\$38.00	0	0%	0%	0%			9	_		9	9	F		
E2327	Head control interface mech	\$4,091.63	\$4,091.63	0	0%	0%	0%	9	9	9	9	9	9	9	F		
E2327	Head control interface mech	\$409.16	\$409.16	0	0%	0%	0%	9	9	9	9	9	9	9	F		
E2328	Head/extremity control inter	\$5,383.57	\$5,383.57	0	0%	0%	0%				·		9		F		
	Head/extremity control inter	\$538.36	\$538.36	0			0%								F		
E2329	Head control nonproportional	\$1,932.04	\$1,932.04	0	0%		0%		9	9	9	9	9	9	F		
E2329	Head control nonproportional	\$193.20	\$193.20	0	0%	0%	0%		9	9	9	9	9	)	F		
E2330	Head control proximity switc	\$3,725.61	\$3,725.61	0	0%	0%	0%					_	9	9	F		
E2330	Head control proximity switc	\$372.56	\$372.56	0	0%	0%	0%						9	<u> </u>	F		
E2331	Attendant control	By Report	By Report	0	0%	0%	0%			9			9	)	N		Υ
E2331	Attendant control	By Report	By Report	0	0%	0%	0%	9	9	9			9	)	N		Υ
E2340	W/c wdth 20-23 in seat frame	\$428.64	\$428.64	0	0%	0%	0%	9	9	9	•		9	,	F		
	W/c wdth 20-23 in seat frame	\$42.86	\$42.86	0	0%	0%	0%						9	)	F		4
	W/c wdth 24-27 in seat frame	\$643.02	\$643.02	0	0%	0%	0%	9	9	9	9	9	9	)	F		<u> </u>
E2341	W/c wdth 24-27 in seat frame	\$64.30	\$64.30	0	0%	0%	0%						9	)	F		
E2342	W/c dpth 20-21 in seat frame	\$535.86	\$535.86	0	0%	0%	0%	9	9	9	9	9	9	)	F		



		DOLLAF	R VALUE					ODIFIERS									
HCPCS	ADDREWATED DECORPTION	NON-FACILITY	FACILITY			INTRA OP							TSI	ENDO	<b>50</b> /		PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)							BASE		LIC REQ	AUTH
	W/c dpth 20-21 in seat frame	\$53.59	\$53.59	0	0%	0%	0%								F		
	W/c dpth 22-25 in seat frame	\$857.38	\$857.38	0	0%	0%	0%		_			_			F		
	W/c dpth 22-25 in seat frame	\$85.74	\$85.74	0	0%	0%	0%					_	9	9	F		
	Electronic sgd interface	\$766.22	\$766.22	0	0%	0%	0%	9		9	·			9	F		
	Electronic sgd interface	\$76.62	\$76.62	0	0%	0%	0%			9	_		9	<u> </u>	F		
	Gr 34 nonsealed leadacid	By Report	By Report	0	0%	0%	0%								N		
E2359	Gr34 sealed leadacid battery	\$208.30	\$208.30	0	0%	0%	0%	9	_		<u> </u>	_			F		
	22nf nonsealed leadacid	\$124.91	\$124.91	0	0%	0%	0%	9		9	·	_	9		F		
	22nf nonsealed leadacid	\$12.49	\$12.49	0	0%	0%	0%			9	_	_	9	9	F		
	22nf sealed leadacid battery	\$143.78	\$143.78	0	0%	0%	0%					_	9	9	F		
E2361	22nf sealed leadacid battery	\$14.38	\$14.38	0	0%	0%	0%	9					9	9	F		
	Gr24 nonsealed leadacid	\$110.02	\$110.02	0	0%	0%	0%	9			Ū				F		
	Gr24 nonsealed leadacid	\$11.00	\$11.00	0	0%	0%	0%							4	F		
E2363	Gr24 sealed leadacid battery	\$191.76	\$191.76	0	0%	0%	0%	9	9	9	9	9	9	)	F		
E2363	Gr24 sealed leadacid battery	\$19.18	\$19.18	0	0%	0%	0%	9	9	9	9	9	9	)	F		
E2364	U1nonsealed leadacid battery	\$124.91	\$124.91	0	0%	0%	0%	9	9	9	9	9	9	)	F		
E2364	U1nonsealed leadacid battery	\$12.49	\$12.49	0	0%	0%	0%	9	9	9	9	9	9	)	F		
E2365	U1 sealed leadacid battery	\$115.63	\$115.63	0	0%	0%	0%	9	9	9	9	9	9	)	F		
E2365	U1 sealed leadacid battery	\$11.56	\$11.56	0	0%	0%	0%	9	9	9	9	9	9	)	F		
E2366	Battery charger, single mode	\$271.77	\$271.77	0	0%	0%	0%	9	9	9	9	9	9	)	F		
E2366	Battery charger, single mode	\$27.18	\$27.18	0	0%	0%	0%	9	9	9	9	9	9	)	F		
E2367	Battery charger, dual mode	\$447.24	\$447.24	0	0%	0%	0%	9	9	9	9	9	9	)	F		
E2367	Battery charger, dual mode	\$44.72	\$44.72	0	0%	0%	0%	9	9	9	9	9	9	)	F		
E2368	Pwr wc drivewheel motor repl	\$532.51	\$532.51	0	0%	0%	0%	9	9	9	9	9	9	)	F		
E2368	Pwr wc drivewheel motor repl	\$53.25	\$53.25	0	0%	0%	0%	9	9	9	9	9	9	)	F		
E2369	Pwr wc drivewheel gear repl	\$464.04	\$464.04	0	0%	0%	0%	9	9	9	9	9	9	)	F		
E2369	Pwr wc drivewheel gear repl	\$46.40	\$46.40	0	0%	0%	0%	9	9	9	9	9	9	)	F		
E2370	Pwr wc dr wh motor/gear comb	\$827.80	\$827.80	0	0%	0%	0%	9	9	9	9	9	9	)	F		
E2370	Pwr wc dr wh motor/gear comb	\$82.78	\$82.78	0	0%	0%	0%	9	9	9	9	9	9	)	F		
	Gr27 sealed leadacid battery	\$155.41	\$155.41	0	0%	0%	0%	9	9	9	9	9	9	)	F		
E2372	Gr27 non-sealed leadacid	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	)	N		
E2373	Hand/chin ctrl spec joystick	\$1,297.30	\$1,297.30	0	0%	0%	0%	9	9	9	9	9	9	)	F		
E2373	Hand/chin ctrl spec joystick	\$129.73	\$129.73	0	0%	0%	0%	9	9	9	9	9	9	)	F		
	Hand/chin ctrl std joystick	\$563.19	\$563.19	0	0%	0%	0%	9					9	)	F		
	Hand/chin ctrl std joystick	\$56.32	\$56.32	0	0%	0%	0%						_		F		
E2375	Non-expandable controller	\$882.78	\$882.78	0	0%	0%	0%						9	)	F		
	Non-expandable controller	\$88.28	\$88.28	0	0%	0%	0%						9	)	F		
	Expandable controller, repl	\$1,407.05	\$1,407.05	0		0%	0%						_	)	F		
	Expandable controller, repl	\$140.71	\$140.71	0	0%	0%	0%				_		_		F		
	Expandable controller, initl	\$515.21	\$515.21	0	0%	0%	0%					_	9	)	F		
	Expandable controller, initl	\$51.52	\$51.52	0		0%	0%						9	)	F		
	Pw actuator replacement	\$755.49	\$755.49	0		0%	0%								F		
	Pneum drive wheel tire	\$77.21	\$77.21	0	0%	0%	0%								F		
	Pneum drive wheel tire	\$7.72	\$7.72	0	0%	0%	0%						_		F		



		DOLLAF	R VALUE				М	ODIFIERS	S								
HCPCS	400001/44750 05000107/01/	NON-FACILITY	FACILITY			INTRA OP								ENDO			PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)	(26/TC)							FSI	LIC REQ	AUTH
E2382	Tube, pneum wheel drive tire	\$21.41	\$21.41	0		0%	0%					_	,		F		
E2382	Tube, pneum wheel drive tire	\$2.14	\$2.14	0		0%	0%						<u>′                                     </u>		F		
E2383	Insert, pneum wheel drive	\$156.58	\$156.58	0	0.0	0%	0%				_		9		F		
E2383	Insert, pneum wheel drive	\$15.66	\$15.66	0	0%	0%	0%				9		9		F		
E2384	Pneumatic caster tire	\$83.42	\$83.42	0	• , •	0%	0%				9		9		F		
E2384	Pneumatic caster tire	\$8.34	\$8.34	0		0%	0%					_	<u>′                                     </u>		F		
E2385	Tube, pneumatic caster tire	\$51.03	\$51.03	0	0%	0%	0%				9	9	9		F		
E2385	Tube, pneumatic caster tire	\$5.10	\$5.10	0	070	0%	0%		•		9	9	9		F		
E2386	Foam filled drive wheel tire	\$155.15	\$155.15	0		0%	0%						9		F		
E2386	Foam filled drive wheel tire	\$15.52	\$15.52	0		0%	0%				9		9		F		
E2387	Foam filled caster tire	\$69.57	\$69.57	0	0%	0%	0%				9	_	9		F		
E2387	Foam filled caster tire	\$6.96	\$6.96	0	0,0	0%	0%				9		9		F		
E2388	Foam drive wheel tire	\$53.36	\$53.36	0		0%	0%					-	9		F		
E2388	Foam drive wheel tire	\$5.20	\$5.20	0		0%	0%					9	<u>′                                     </u>		F		
E2389	Foam caster tire	\$29.42	\$29.42	0	0%	0%	0%				9	9	9		F		
E2389	Foam caster tire	\$2.94	\$2.94	0	0%	0%	0%		Ū		9	9	9		F		
E2390	Solid drive wheel tire	\$45.77	\$45.77	0	0,0	0%	0%				9		,		F		
E2390	Solid drive wheel tire	\$4.58	\$4.58	0		0%	0%				9		<u>′                                     </u>		F		
E2391	Solid caster tire	\$21.13	\$21.13	0	0,0	0%	0%				9		9		F		
E2391	Solid caster tire	\$2.11	\$2.11	0	070	0%	0%				9		9		F		
E2392	Solid caster tire, integrate	\$55.54	\$55.54	0		0%	0%				9		9		F		
E2392	Solid caster tire, integrate	\$5.55	\$5.55	0		0%	0%				9	_	9		F		
E2394	Drive wheel excludes tire	\$79.15	\$79.15	0	0%	0%	0%				9	9	9		F		
E2394	Drive wheel excludes tire	\$7.91	\$7.91	0	0%	0%	0%		Ū		9		9		F		
E2395	Caster wheel excludes tire	\$56.24	\$56.24	0		0%	0%						,		F		
E2395	Caster wheel excludes tire	\$5.62	\$5.62	0		0%	0%				9		9		F		
E2396	Caster fork	\$68.55	\$68.55	0	0%	0%	0%				9	_	9		F		
E2396	Caster fork	\$6.86	\$6.86	0	0 70	0%	0%				9		9		F		
E2397	Pwc acc, lith-based battery	\$495.35	\$495.35	0		0%	0%						,		F		
E2397	Pwc acc, lith-based battery	\$49.54	\$49.54	0	0,0	0%	0%				9	_	<u> </u>		F		
E2398	Wc dynamic pos back hardware	By Report	By Report	0	0%	0%	0%				9	_	9		N		Υ
E2398	Wc dynamic pos back hardware		By Report	0	0%	0%	0%				9		9		N		Υ
E2402	Neg press wound therapy pump	\$927.69	\$927.69	0											F		Υ
E2500	Sgd digitized pre-rec <=8min	\$467.74	\$467.74	0			0%					_	, ,		F		
E2500	Sgd digitized pre-rec <=8min	\$46.77	\$46.77	0		0%	0%						9		F		
E2502	Sgd prerec msg >8min <=20min	\$1,430.31	\$1,430.31	0		0%	0%					_	9		F		
E2502	Sgd prerec msg >8min <=20min	\$143.04	\$143.04	0			0%								F		
E2504	Sgd prerec msg>20min <=40min	\$1,886.79	\$1,886.79	0			0%								F		
E2504	Sgd prerec msg>20min <=40min	\$188.68	\$188.68	0	0,0	0%	0%						9		F		
E2506	Sgd prerec msg > 40 min	\$2,766.60	\$2,766.60	0	0.0	0%	0%					_	9		F		
E2506	Sgd prerec msg > 40 min	\$276.66	\$276.66	0			0%						,		F		
E2508	Sgd spelling phys contact	\$4,278.08	\$4,278.08	0		0%	0%						9		F		
E2508	Sgd spelling phys contact	\$427.81	\$427.81	0		0%	0%								F		
E2510	Sgd w multi methods msg/accs	\$8,095.70	\$8,095.70	0	0%	0%	0%	9	9	9	9	9	9		F		



		DOLLA	R VALUE				М	ODIFIERS	3								
HCPCS CODE	ABBREVIATED DESCRIPTION	NON-FACILITY SETTING	FACILITY SETTING	FOL UP	PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	<i>PCTC</i> (26/TC)				CSI (-62)		ENDO BASE	FSI	LIC REQ	PRIOR AUTH
E2510		\$809.57	\$809.57	0			. ,	. ,				÷	÷		F	LIONE	70111
	Sgd w multi methods msg/accs	·	·	·	0%	0%	0%						_		<u>r</u> F		
E2511	Sgd sftwre prgrm for pc/pda	\$46.45	\$46.45	0	0%	0%	0%			9	_	_	9		r C		
E2511	Sgd sftwre prgrm for pc/pda	\$4.64	\$4.64	0	0%	0%	0%	9			Ŭ		9		<u> </u>		
E2512	Sgd accessory, mounting sys	\$1,315.97	\$1,315.97	0	0%	0%	0%	9			Ū		9		F		
E2512	Sgd accessory, mounting sys	\$131.60	\$131.60	0	0%	0%	0%						9		•		\ <u></u>
E2599	Sgd accessory noc	By Report	By Report	0	0%	0%	0%			9		_	9		N		Y
E2599	Sgd accessory noc	By Report	By Report	0	0%	0%	0%	9		9	_		9		N		Y
E2601	Gen w/c cushion wdth < 22 in	\$63.05	\$63.05	0	0%	0%	0%	9	9	9	O		9		ı		
E2602	Gen w/c cushion wdth >=22 in	\$123.09	\$123.09	0	0%	0%	0%				_		9		F		
E2603	Skin protect wc cus wd <22in	\$156.26	\$156.26	0	0%	0%	0%				_		9		F		
E2604	Skin protect wc cus wd>=22in	\$194.24	\$194.24	0	0%	0%	0%	9			U		9		F		
E2605	Position wc cush wdth <22 in	\$277.51	\$277.51	0	0%	0%	0%	9		9	Ū		9		F		
E2606	Position wc cush wdth>=22 in	\$432.93	\$432.93	0	0%	0%	0%				_		9		F		
E2607	Skin pro/pos wc cus wd <22in	\$298.82	\$298.82	0	0%	0%	0%					_			F		
E2608	Skin pro/pos wc cus wd>=22in	\$358.86	\$358.86	0	0%	0%	0%	9					9		F		
E2609	Custom fabricate w/c cushion	By Report	By Report	0	0%	0%	0%	9	Ů	9	J	•	9		N		
E2610	Powered w/c cushion	By Report	By Report	0	0%	0%	0%			9	·		9		Ν		
E2611	Gen use back cush wdth <22in	\$322.02	\$322.02	0	0%	0%	0%			9	9	9	9		F		
E2612	Gen use back cush wdth>=22in	\$435.61	\$435.61	0	0%	0%	0%	9		9	U		9		F		
E2613	Position back cush wd <22in	\$405.21	\$405.21	0	0%	0%	0%	9			Ū		9		F		
E2614	Position back cush wd>=22in	\$560.78	\$560.78	0	0%	0%	0%			9			9		F		
E2615	Pos back post/lat wdth <22in	\$466.31	\$466.31	0	0%	0%	0%	9	9	9	9	9	9		F		
E2616	Pos back post/lat wdth>=22in	\$627.42	\$627.42	0	0%	0%	0%	9	9	9	9	9	9		F		
E2617	Custom fab w/c back cushion	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
E2619	Replace cover w/c seat cush	\$54.66	\$54.66	0	0%	0%	0%	9	9	9	9	9	9		F		
E2620	Wc planar back cush wd <22in	\$564.63	\$564.63	0	0%	0%	0%	9	9	9	9	9	9		F		
E2621	Wc planar back cush wd>=22in	\$592.55	\$592.55	0	0%	0%	0%	9	9	9	9	9	9		F		
E2622	Adj skin pro w/c cus wd<22in	\$349.81	\$349.81	0	0%	0%	0%	9	9	9	9	9	9		F		
E2623	Adj skin pro wc cus wd>=22in	\$443.72	\$443.72	0	0%	0%	0%	9	9	9	9	9	9		F		
E2624	Adj skin pro/pos cus<22in	\$354.11	\$354.11	0	0%	0%	0%	9	9	9	9	9	9		F		
E2625	Adj skin pro/pos wc cus>=22	\$443.13	\$443.13	0	0%	0%	0%	9	9	9	9	9	9		F		
E2626	Seo mobile arm sup att to wc	\$742.96	\$742.96	0	0%	0%	0%	9	9	9	9	9	9		F		
E2627	Arm supp att to wc rancho ty	\$1,185.51	\$1,185.51	0	0%	0%	0%	9	9	9	9	9	9		F		
E2628	Mobile arm supports reclinin	\$861.46	\$861.46	0		0%	0%								F		
E2629	Friction dampening arm supp	\$1,130.18	\$1,130.18	0	0%	0%	0%						9		F		
E2630	Monosuspension arm/hand supp	\$790.33	\$790.33	0	0%	0%	0%								F		
E2631	Elevat proximal arm support	\$290.05	\$290.05	0	0%		0%						9		F		
E2632	Offset/lat rocker arm w/ela	\$170.86	\$170.86	0	0%	0%	0%						9		F		
E2633	Mobile arm support supinator	\$170.51	\$170.51	0	0%	0%	0%				_		9		F		
E8000	Posterior gait trainer	Not Covered	Not Covered	0	0%	0%	0%						9		X		
E8001	Upright gait trainer	Not Covered	Not Covered	0	0%	0%	0%						9		X		
E8002	Anterior gait trainer	Not Covered	Not Covered	0	0%	0%	0%						9		X		
G0008	Admin influenza virus vac	Bundled	Bundled	0	0%	0%	0%								B		
				0		0%									В		
G0009	Admin pneumococcal vaccine	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		R		



		DOLLAI	R VALUE					ODIFIERS									
HCPCS CODE	ABBREVIATED DESCRIPTION	NON-FACILITY SETTING	FACILITY SETTING	FOL UP	PRE OP (-56)	INTRA OP (-54)	POST OP (-55)						TSI (-66)	ENDO BASE	FSI	LIC REQ	PRIOR AUTH
																LICKLY	AUIII
	Admin hepatitis b vaccine	Bundled	Bundled	0	0%	0%	0%								В		
	Semen analysis	\$9.29	\$9.29	0	0%	0%	0%					_		_	L		
G0068	Adm of infusion drug in home	Not Covered	Not Covered	0	0%	0%	0%	9					<u> </u>	,	X		
G0069	Adm of immune drug in home	Not Covered	Not Covered	0	0%	0%	0%	9			_		J	)	X		
G0070	Adm of chemo drug in home	Not Covered	Not Covered	0	0%	0%	0%			9	_		9	<u></u>	X		
	Comm svcs by rhc/fqhc 5 min	Not Covered	Not Covered	0	0%	0%	0%				4	_		_	X		
G0076	Care manag h vst new pt 20 m	Not Covered	Not Covered	0	0%	0%	0%	0	_		<u> </u>	_	0		X		
	Care manag h vst new pt 30 m	Not Covered	Not Covered	0	0%	0%	0%	0	_		J		0		X		
	Care manag h vst new pt 45 m	Not Covered	Not Covered	0	0%	0%	0%						Ŭ		X		
	Care manag h vst new pt 60 m	Not Covered	Not Covered	0	0%	0%	0%				, ,	_	, i		X		
G0080	Care manag h vst new pt 75 m	Not Covered	Not Covered	0	0%	0%	0%	0	_		0		0		X		
	Care man h v ext pt 20 mi	Not Covered	Not Covered	0	0%	0%	0%	0	_		J		_	4	X		
	Care man h v ext pt 30 m	Not Covered	Not Covered	0	0%	0%	0%		_				Ĭ		X		
	Care man h v ext pt 45 m	Not Covered	Not Covered	0	0%	0%	0%	1				_	0	)	Х		
G0084	Care man h v ext pt 60 m	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0	)	X		
G0085	Care man h v ext pt 75 m	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	_	0	)	X		
	Care man home care plan 30 m	Not Covered	Not Covered	0	0%	0%	0%						0	)	X		
	Care man home care plan 60 m	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0	)	Χ		
G0101	Ca screen;pelvic/breast exam	\$75.10	\$53.09	0	0%	0%	0%	0	_		Ŭ		0	)	R		
	Prostate ca screening; dre	\$43.38	\$16.19	0	0%	0%	0%	0	_				9	)	R		
	Psa screening	\$27.61	\$27.61	0	0%	0%	0%				9	9	9	4	L		Υ
	Ca screen;flexi sigmoidscope	\$336.65	\$106.17	0	0%	0%	0%				1	0	0	)	R		Υ
	Colorectal scrn; hi risk ind	\$359.95	\$173.50	0	0%	0%	0%	0	2	0	1	0	0	)	R		Υ
	Colorectal scrn; hi risk ind	\$628.63	\$349.60	0	0%	0%	0%	0	2	0	1	0	0	)	R		Υ
G0106	Colon ca screen;barium enema	\$99.05	\$99.05	0	0%	0%	0%		0	0	0	0	0	)	R		Υ
G0106	Colon ca screen;barium enema	\$305.57	\$305.57	0	0%	0%	0%	1	0	0	0	0	0	)	R		Υ
G0106	Colon ca screen;barium enema	\$403.98	\$403.98	0	0%	0%	0%	1	0	0	0	0	0	)	R		Υ
G0108	Diab manage trn per indiv	\$104.88	\$104.88	0	0%	0%	0%	0	0	0	0	0	0	)	R		
G0109	Diab manage trn ind/group	\$29.13	\$29.13	0	0%	0%	0%		0	0	0	0	0		R		
G0117	Glaucoma scrn hgh risk direc	Bundled	Bundled	0	0%	0%	0%	0	0	0	0	0	0	)	В		
G0118	Glaucoma scrn hgh risk direc	Bundled	Bundled	0	0%	0%	0%	0	0	0	0	0	0	)	В		
G0120	Colon ca scrn; barium enema	\$102.29	\$102.29	0	0%	0%	0%	1	0	0	0	0	0		R		
G0120	Colon ca scrn; barium enema	\$305.57	\$305.57	0	0%	0%	0%	1	0	0	0	0	0	)	R		
G0120	Colon ca scrn; barium enema	\$407.21	\$407.21	0	0%	0%	0%	1	0	0	0	0	0	)	R		
G0121	Colon ca scrn not hi rsk ind	\$581.37	\$174.15	0	0%	0%	0%	0	2	0	1	0	0	)	R		
G0121	Colon ca scrn not hi rsk ind	\$629.27	\$350.89	0	0%	0%	0%	0	2	0	1	0	0	)	R		
G0122	Colon ca scrn; barium enema	\$93.23	\$93.23	0	0%	0%	0%	1	9	9	9	9	9		R		Υ
G0122	Colon ca scrn; barium enema	\$503.03	\$503.03	0	0%	0%	0%	1	9	9	9	9	9		R		Υ
G0122	Colon ca scrn; barium enema	\$596.26	\$596.26	0	0%	0%	0%	1	9	9	9	9	9	)	R		Υ
G0123	Screen cerv/vag thin layer	\$28.96	\$28.96	0	0%	0%	0%	9	9	9	9	9	9	)	L		
	Screen c/v thin layer by md	\$49.20	\$49.20	0	0%	0%	0%	0	0	0	0	0	0	)	R		
G0127	Trim nail(s)	\$45.32	\$14.24	0			0%					0	0		R		
G0128	Corf skilled nursing service	Not Covered	Not Covered	0	0%	0%	0%				0	0	0		X		
	Partial hosp prog service	Not Covered	Not Covered	0	0%	0%	0%						_		X		



		DOLLAF	R VALUE				М	ODIFIERS	6								
HCPCS	ADDREWATED DESCRIPTION	NON-FACILITY	FACILITY			INTRA OP					ASI		TSI	ENDO	<b>5</b> 01	. IC DEO	PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)	(26/TC)	_	_		_			FSI	LIC REQ	AUTH
G0130	Single energy x-ray study	\$21.36	\$21.36	0		0%	0%	1	0				Ŭ		R		
G0130	Single energy x-ray study	\$45.97	\$45.97	0	0%	0%	0%	1	0		, ,	_	Ŭ		R		
G0130	Single energy x-ray study	\$66.68	\$66.68	0	0%	0%	0%	1	0		0	_	0		R		
G0141	Scr c/v cyto,autosys and md	\$49.20	\$49.20	0	0%	0%	0%	0			U		Ů		R		
G0143	Scr c/v cyto,thinlayer,rescr	\$38.67	\$38.67	0	0%	0%	0%						_		L		
G0144	Scr c/v cyto,thinlayer,rescr	\$62.86	\$62.86	0	0%	0%	0%	9		9	9	9	9		L		
G0145	Scr c/v cyto,thinlayer,rescr	\$37.87	\$37.87	0	0%	0%	0%	9	9	9	9	9	9		L		
G0147	Scr c/v cyto, automated sys	\$21.62	\$21.62	0	0%	0%	0%	9		_	O		9		L		
G0148	Scr c/v cyto, autosys, rescr	\$45.66	\$45.66	0	0%	0%	0%	9					9		L		<u> </u>
G0151	Hhcp-serv of pt,ea 15 min	\$41.72	\$41.72	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
G0152	Hhcp-serv of ot,ea 15 min	\$43.26	\$43.26	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
G0153	Hhcp-svs of s/l path,ea 15mn	\$43.26	\$43.26	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
G0155	Hhcp-svs of csw,ea 15 min	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G0157	Hhc pt assistant ea 15	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G0158	Hhc ot assistant ea 15	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G0159	Hhc pt maint ea 15 min	\$43.26	\$43.26	0	0%	0%	0%	9	9	9	9	9	9		F		
G0160	Hhc occup therapy ea 15	\$43.26	\$43.26	0	0%	0%	0%	9	9	9	9	9	9		F		
G0161	Hhc slp ea 15 min	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G0162	Hhc rn e&m plan svs, 15 min	\$43.26	\$43.26	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
G0166	Extrnl counterpulse, per tx	\$197.46	\$197.46	0	0%	0%	0%	5	9	9	9	9	9		R		
G0168	Wound closure by adhesive	\$205.87	\$34.96	0	0%	0%	0%	0				0	0		R		
G0175	Opps service, sched team conf	Facility Only	Facility Only	0	0%	0%	0%	9			9	9	9		0		
G0176	Opps/php;activity therapy	Not Covered	Not Covered	0	0%	0%	0%	9							X		
G0177	Opps/php; train & educ serv	Facility Only	Facility Only	0	0%	0%	0%	9			_	_	9		0		
G0179	Md recertification hha pt	Not Covered	Not Covered	0	0%	0%	0%	0					0		X		
G0180	Md certification hha patient	Not Covered	Not Covered	0	0%	0%	0%	_					, i		X		
G0181	Home health care supervision	Not Covered	Not Covered	0	0%	0%	0%	0					0		X		
G0182	Hospice care supervision	Not Covered	Not Covered	0	0%	0%	0%	0	ŭ	_	<u> </u>		0		X		
G0186	Dstry eye lesn,fdr vssl tech	By Report	By Report	0	0%	0%	0%	Ü	_	1	0		1		N		
G0202	Scr mammo bi incl cad	Not Covered	Not Covered	0	0%	0%	0%	9	_	9			9		X		<del>                                     </del>
G0202	Scr mammo bi incl cad	Not Covered	Not Covered	0	0%	0%	0%	9			_	_	9		X		
G0202	Scr mammo bi incl cad	Not Covered	Not Covered	0	0%	0%	0%	9				_	9		X		
G0202 G0204	Dx mammo incl cad bi	\$326.24	\$326.24	0			0%			_			Ū		F		
G0204 G0204	Dx mammo incl cad bi	\$91.43	\$91.43	0		0%	0%								F		4
		\$234.81	\$234.81					9					_		F		
G0204	Dx mammo incl cad bi			0	0%	0%	0%								F		
G0206	Dx mammo incl cad uni	\$256.51	\$256.51	0	0%	0%	0%	9					Ū		•		
G0206	Dx mammo incl cad uni	\$73.01	\$73.01	0	0%		0%								F F		4
G0206	Dx mammo incl cad uni	\$183.51	\$183.51	0		0%	0%						_		-		
G0219	Pet img wholbod melano nonco	Not Covered	Not Covered	0	0%	0%	0%		9	_			9		X		
G0219	Pet img wholbod melano nonco	Not Covered	Not Covered	0	0%	0%	0%		9				9		X		
G0219	Pet img wholbod melano nonco	Not Covered	Not Covered	0	0%	0%	0%		9				_		X		4
G0235	Pet not otherwise specified	Not Covered	Not Covered	0	0%	0%	0%		9				_		X		
G0235	Pet not otherwise specified	Not Covered	Not Covered	0	0%	0%	0%		9						X		
G0235	Pet not otherwise specified	Not Covered	Not Covered	0	0%	0%	0%	1	9	9	9	9	9		X		



		DOLLAF	R VALUE					ODIFIER									
HCPCS	4 D D D S W 4 T S D D S O D D T O M	NON-FACILITY	FACILITY			INTRA OP						CSI	TSI	ENDO	<b>50</b> /		PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)				, <u> </u>			BASE		LIC REQ	AUTH
G0237	Therapeutic procd strg endur	\$17.48	\$17.48	0	0%	0%	0%				_		, i		R		
G0238	Oth resp proc, indiv	\$18.13	\$18.13	0	0%	0%	0%			0	0	0	C	)	R		
G0239	Oth resp proc, group	\$23.31	\$23.31	0	0%	0%	0%	5	0	0	0	0	C	)	R		
G0245	Initial foot exam pt lops	Not Covered	Not Covered	0	0%	0%	0%	0	0	0			C	)	X		
G0246	Followup eval of foot pt lop	Not Covered	Not Covered	0	0%	0%	0%		·	_	0	0	C	)	Χ		
G0247	Routine footcare pt w lops	Not Covered	Not Covered	0	0%	0%	0%		_	0	0	0	C	)	Χ		
G0248	Demonstrate use home inr mon	\$112.00	\$112.00	0	0%	0%	0%	3	0	0	0	0	C	)	R		
G0249	Provide inr test mater/equip	\$112.00	\$112.00	0	0%	0%	0%	3	0	0	0	0	C	)	R		
G0250	Md inr test revie inter mgmt	\$16.83	\$16.83	0	0%	0%	0%	2	. 0	0	0	0	C	)	R		
G0252	Pet imaging initial dx	Not Covered	Not Covered	0	0%	0%	0%	1	9	9	9	9	9	9	Х		
G0252	Pet imaging initial dx	Not Covered	Not Covered	0	0%	0%	0%	1	9	9	9	9	9	9	X		
G0252	Pet imaging initial dx	Not Covered	Not Covered	0	0%	0%	0%	1	9	9	9	9	9	9	Χ		
G0255	Current percep threshold tst	Not Covered	Not Covered	0	0%	0%	0%	1	9	9	9	9	9	9	Χ		
G0255	Current percep threshold tst	Not Covered	Not Covered	0	0%	0%	0%	1	9	9	9	9	9	9	Χ		
G0255	Current percep threshold tst	Not Covered	Not Covered	0	0%	0%	0%	1	9	9	9	9	9	)	Χ		
G0257	Unsched dialysis esrd pt hos	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9	9	0		
G0259	Inject for sacroiliac joint	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9	9	0		
G0260	Inj for sacroiliac jt anesth	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9	9	0		
G0268	Removal of impacted wax md	Not Covered	Not Covered	0	0%	0%	0%	0	_		1	0	C	)	Χ		
G0269	Occlusive device in vein art	Facility Only	Facility Only	0	0%	0%	0%	9			9	9	9	9	0		
G0270	Mnt subs tx for change dx	Not Covered	Not Covered	0	0%	0%	0%		-				C	)	Χ		
G0271	Group mnt 2 or more 30 mins	Not Covered	Not Covered	0	0%	0%	0%				_		C	)	Х		<del>                                     </del>
G0276	Pild/placebo control clin tr	Not Covered	Not Covered	0	0%	0%	0%	0			_		C	)	Χ		
G0277	Hbot, full body chamber, 30m	\$262.20	\$262.20	0	0%	0%	0%	3				_	0	)	R		
G0278	Iliac art angio,cardiac cath	\$25.90	\$25.90	0	0%	0%	0%						0	)	R		
G0279	Tomosynthesis, mammo	\$47.91	\$47.91	0	0%	0%	0%		0		4				R		<del>                                     </del>
G0279	Tomosynthesis, mammo	\$55.68	\$55.68	0	0%	0%	0%	. 1	0				C		R		
G0279	Tomosynthesis, mammo	\$103.58	\$103.58	0	0%	0%	0%	1	0				0		R		
G0281	Elec stim unattend for press	\$25.90	\$25.90	0	0%	0%	0%	7	_		_		0	)	R		Υ
G0282	Elect stim wound care not pd	By Report	By Report	0	0%	0%	0%								N		<del>                                     </del>
G0283	Elec stim other than wound	\$25.90	\$25.90	0	0%	0%	0%	7			0	_	0		R		$\vdash$
G0288	Recon, cta for surg plan	\$66.68	\$66.68	0	0%	0%	0%		Ū		_	_	C	)	R		-
G0289	Arthro, loose body + chondro	\$162.50	\$162.50	0							0				R		
G0293	Non-cov surg proc,clin trial	Not Covered	Not Covered	0	0%										X		<del> </del>
G0294	Non-cov proc, clinical trial	Not Covered Not Covered	Not Covered	0	0%	0%	0%						_		X		
G0294 G0295	Electromagnetic therapy onc	Not Covered	Not Covered	0	0%	0%	0%						_	2	X		-
G0299	Hhs/hospice of rn ea 15 min	\$43.26	\$43.26	0	0%	0%	0%					_	_		F		_
G0299 G0300	<u> </u>	\$38.92	\$38.92	0		0%	0%							7	F		<del> </del>
G0300 G0302	Hhs/hospice of lpn ea 15 min			0	0%	0%	0%							_	N		
	Pre-op service lyrs complete	By Report	By Report	0					_				, i				
G0303	Pre-op service lvrs 10-15dos	By Report	By Report	0	0%	0%	0%						J		N		
G0304	Pre-op service lyrs 1-9 dos	By Report	By Report	0	0%	0%	0%								N		4
G0305	Post op service lvrs min 6	By Report	By Report	0	0%	0%	0%								N		
G0306	Cbc/diffwbc w/o platelet	\$11.11	\$11.11	0	0%	0%	0%								L		
G0307	Cbc without platelet	\$9.25	\$9.25	0	0%	0%	0%	9	9	9	9	9	9	)	L		



		DOLLAR	R VALUE					ODIFIERS									
HCPCS CODE	ABBREVIATED DESCRIPTION	NON-FACILITY SETTING	FACILITY SETTING	FOL UP	PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	<i>PCTC</i> (26/TC)						ENDO BASE	FSI	LIC REQ	PRIOR AUTH
G0328	Fecal blood scrn immunoassay	Not Covered	Not Covered	0		0%	0%						•		X		110111
G0329	Electromagntic tx for ulcers	Not Covered	Not Covered	0		0%	0%	7	5	0			_		X		
G0323	Dispense fee initial 30 day	Not Covered	Not Covered	0	0%	0%	0%	9		Ŭ			Ŭ		X		
G0337	Hospice evaluation preelecti	\$136.60	\$136.60	0	0%	0%	0%	9							R		
G0337	Robot lin-radsurg com, first	Not Covered	Not Covered	0		0%	0%				1		U		X		
G0339 G0340	Robt lin-radsurg fractx 2-5	Not Covered	Not Covered	0		0%	0%	0					0		X		
G0340 G0341	Percutaneous islet celltrans	Not Covered	Not Covered	0	0%	0%	0%	0		0			0		X		
G0341 G0342	Laparoscopy islet cell trans	Not Covered	Not Covered	90	9%	81%	10%	0	2	0	_		0		X		
G0342 G0343	Laparotomy islet cell transp	Not Covered	Not Covered	90		81%	10%	0		0			0		X		
G0343 G0364		\$23.68	\$16.44	90		0%	0%	9		_			Ŭ		^ F		
G0364 G0372	Bone marrow aspirate &biopsy	Not Covered	Not Covered	0		0%	0%				_	_	9		X		
	Md service required for pmd			0	0%			0			Ŭ	_	ŭ				
G0378	Hospital observation per hr	Facility Only	Facility Only	0	0%	0%	0%	9			Ŭ		Ŭ		0		
G0379	Direct refer hospital observ	Facility Only	Facility Only	0	0,0	0%	0%	9			_		_		0		
G0380	Lev 1 hosp type b ed visit	Facility Only	Facility Only	0		0%	0%	9							0		
G0381	Lev 2 hosp type b ed visit	Facility Only	Facility Only	0	0%	0%	0%	9					Ŭ		0		
G0382	Lev 3 hosp type b ed visit	Facility Only	Facility Only	0	0%	0%	0%	9	Ů		O	•	9		0		
G0383	Lev 4 hosp type b ed visit	Facility Only	Facility Only	0	0,0	0%	0%	9		9			·		0		
G0384	Lev 5 hosp type b ed visit	Facility Only	Facility Only	0	0,0	0%	0%	9		9	_		Ŭ		0		
G0390	Trauma respons w/hosp criti	Facility Only	Facility Only	0	0%	0%	0%	9			Ŭ		_		0		
G0396	Alcohol/subs interv 15-30mn	Not Covered	Not Covered	0	0%	0%	0%	0	Ů		Ū		Ŭ		X		
G0397	Alcohol/subs interv >30 min	Not Covered	Not Covered	0	0,0	0%	0%	0	·				Ĭ		X		
G0398	Home sleep test/type 2 porta	By Report	By Report	0		0%	0%	1	0			_	Ŭ		N		Υ
G0399	Home sleep test/type 3 porta	By Report	By Report	0	0%	0%	0%	1	0		0	0	0		N		Υ
G0400	Home sleep test/type 4 porta	By Report	By Report	0	0%	0%	0%	1	0	·	O	•	0		N		Υ
G0402	Initial preventive exam	Not Covered	Not Covered	0	0,0	0%	0%	0	·				0		X		
G0403	Ekg for initial prevent exam	Not Covered	Not Covered	0	0,0	0%	0%		•		0	0	0		Χ		
G0404	Ekg tracing for initial prev	Not Covered	Not Covered	0	0%	0%	0%	3	0	0	0	0	0		X		
G0405	Ekg interpret & report preve	Not Covered	Not Covered	0	0%	0%	0%	2	0	0	0	0	0		X		
G0406	Inpt/tele follow up 15	Not Covered	Not Covered	0	0,0	0%	0%	0	0	0	0	0	0		X		
G0407	Inpt/tele follow up 25	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		Χ		
G0408	Inpt/tele follow up 35	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		Χ		
G0409	Corf related serv 15 mins ea	Not Covered	Not Covered	0	0%	0%	0%	9	0	0	0	0	0		X		
G0410	Grp psych partial hosp 45-50	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		0		
G0411	Inter active grp psych parti	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		0		
G0412	Open tx iliac spine uni/bil	\$1,375.73	\$1,375.73	90	10%	69%	21%	0	2	0	2	2	0		R		
G0413	Pelvic ring fracture uni/bil	\$2,008.88	\$2,008.88	90	10%	69%	21%	0	2	0	2	2	0		R		
G0414	Pelvic ring fx treat int fix	\$1,898.18	\$1,898.18	90			21%	0					0		R		
G0415	Open tx post pelvic fxcture	\$2,585.07	\$2,585.07	90			21%								R		
G0416	Prostate biopsy, any mthd	Not Covered	Not Covered	0	0%	0%	0%		0		_	_	0		X		
G0416	Prostate biopsy, any mthd	Not Covered	Not Covered	0	0%	0%	0%		0				0		X		
G0416	Prostate biopsy, any mthd	Not Covered	Not Covered	0		0%	0%		0				0		X		
G0420	Ed svc ckd ind per session	\$208.46	\$208.46	0		0%	0%						_		R		Υ
G0421	Ed svc ckd grp per session	\$48.56	\$48.56	0		0%	0%						_		R		Υ
G0422	Intens cardiac rehab w/exerc	\$202.64	\$202.64	0		0%	0%						_		R		Y



		DOLLAR	R VALUE				М	ODIFIER:	S								
HCPCS		NON-FACILITY	FACILITY			INTRA OP					ASI	CSI		ENDO			PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)	(26/TC)			(-80)	(-62)	(-66)	BASE	FSI	LIC REQ	AUTH
G0423	Intens cardiac rehab no exer	\$202.64	\$202.64	0		0%	0%				Ŭ		0		R		Y
G0424	Pulmonary rehab w exer	\$56.32	\$25.90	0		0%	0%				0		0 (		R		Υ
G0425	Inpt/ed teleconsult30	\$185.16	\$185.16	0	0,10	0%	0%				0		0		R		
G0426	Inpt/ed teleconsult50	\$251.84	\$251.84	0	0 70	0%	0%				Ū	_	0		R		
G0427	Inpt/ed teleconsult70	\$372.90	\$372.90	0	9,	0%	0%		•		Ü	_	0		R		
G0428	Collagen meniscus implant	Not Covered	Not Covered	0	0,0	0%	0%				9	9	9		Χ		
G0429	Dermal filler injection(s)	Not Covered	Not Covered	0	0%	0%	0%				0		0		X		
G0432	Eia hiv-1/hiv-2 screen	\$27.98	\$27.98	0	070	0%	0%				_	,	9		L		
G0433	Elisa hiv-1/hiv-2 screen	\$26.15	\$26.15	0		0%	0%						7		L		
G0435	Oral hiv-1/hiv-2 screen	\$17.13	\$17.13	0		0%	0%				9	9	9		L		
G0436	Tobacco-use counsel 3-10 min	Not Covered	Not Covered	0	0%	0%	0%				9	9	9		X		
G0437	Tobacco-use counsel>10min	Not Covered	Not Covered	0	0%	0%	0%				9	9	9		X		
G0438	Ppps, initial visit	Not Covered	Not Covered	0	•	0%	0%		_		_		0 (		X		
G0439	Ppps, subseq visit	Not Covered	Not Covered	0		0%	0%		0	0	0		0		Χ		
G0442	Annual alcohol screen 15 min	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0		0		X		
G0443	Brief alcohol misuse counsel	Not Covered	Not Covered	0	0%	0%	0%		0	0	0		0		X		
G0444	Depression screen annual	Not Covered	Not Covered	0	0%	0%	0%		0	0	0	) (	0		Χ		
G0445	High inten beh couns std 30m	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	) C	0		Χ		
G0446	Intens behave ther cardio dx	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	C	0		X		
G0447	Behavior counsel obesity 15m	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	C	0		Χ		
G0448	Place perm pacing cardiovert	Not Covered	Not Covered	0	,	0%	0%		9	9	9	9	9		Χ		
G0451	Devlopment test interpt&rep	Not Covered	Not Covered	0	0%	0%	0%	5	0	0	0	) C	0		Χ		
G0452	Molecular pathology interpr	\$34.96	\$34.96	0	0%	0%	0%	6	0	0	0	C	0		R		
G0453	Cont intraop neuro monitor	Not Covered	Not Covered	0	0%	0%	0%		0	0	0	C	0		Χ		
G0454	Md document visit by npp	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	) (	0		Χ		
G0455	Fecal microbiota prep instil	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	) C	0		Χ		
G0458	Ldr prostate brachy comp rat	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	S	9		X		
G0459	Telehealth inpt pharm mgmt	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	9	C	0		X		
G0459	Telehealth inpt pharm mgmt	Not Covered	Not Covered	0	0,0	0%	0%		_		9		0		Χ		
G0460	Autologous prp for ulcers	Not Covered	Not Covered	0	0%	0%	0%	0	2	0	1	C	0		Χ		
G0463	Hospital outpt clinic visit	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		0		
G0464	Colorec ca scr, sto bas dna	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	S	9		X		
G0466	Fqhc visit new patient	Not Covered	Not Covered	0			0%	9					9		Χ		
G0467	Fqhc visit, estab pt	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G0468	Fqhc visit, ippe or awv	Not Covered	Not Covered	0	0,0	0%	0%	9		4	9	9	9		X		
G0469	Fqhc visit, mh new pt	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G0470	Fqhc visit, mh estab pt	Not Covered	Not Covered	0	• , •		0%				9	9	9		Χ		
G0471	Ven blood coll snf/hha	Not Covered	Not Covered	0	0%		0%	9	9	9	9	9	9		Χ		<u> </u>
G0472	Hep c screen high risk/other	Not Covered	Not Covered	0	0,0	0%	0%	3	9	9	9	9	9		X		
G0473	Group behave couns 2-10	\$23.95	\$22.01	0	0%	0%	0%	9	9	9	9	9	9		R		
G0475	Hiv combination assay	\$34.42	\$34.42	0	0%	0%	0%	9	9	9	9	9	9		L		
G0476	Hpv combo assay ca screen	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G0480	Drug test def 1-7 classes	\$163.59	\$163.59	0	0%	0%	0%	9	9	9	9	9	9		L		Υ
G0481	Drug test def 8-14 classes	\$223.86	\$223.86	0	0%	0%	0%	9	9	9	9	S	9		L		Υ



		DOLLAF	R VALUE					ODIFIERS									
HCPCS	400051//4750 05000/07/04	NON-FACILITY	FACILITY	_		INTRA OP						CSI	TSI	ENDO	<b>50</b> /		PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)							BASE	FSI	LIC REQ	AUTH
G0482	Drug test def 15-21 classes	\$284.12	\$284.12	0	0%	0%	0%								L		Υ
G0483	Drug test def 22+ classes	\$353.00	\$353.00	0	0%	0%	0%		9	9			9		L		Υ
G0491	Dialysis acu kidney no esrd	Not Covered	Not Covered	0	0%	0%	0%			9			9	)	X		
G0492	Md/oth eval acut kid no esrd	Not Covered	Not Covered	0	0%	0%	0%	9		9	_		9	)	X		
G0493	Rn care ea 15 min hh/hospice	Not Covered	Not Covered	0	0%	0%	0%			9	_		9		Χ		
G0494	Lpn care ea 15min hh/hospice	Not Covered	Not Covered	0	0%	0%	0%			9	9	9	9		Χ		
G0495	Rn care train/edu in hh	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G0496	Lpn care train/edu in hh	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G0500	Mod sedat endo service >5yrs	\$108.76	\$10.36	0	0%	0%	0%	9	9	9	9	9	9	)	R		Υ
G0501	Resource-inten svc during ov	Bundled	Bundled	0	0%	0%	0%	0	0	0	0	0	0	)	В		
G0502	Init psych care manag, 70min	\$268.35	\$166.40	0	0%	0%	0%	9	9	9	9	9	9	)	F		Υ
G0503	Subseq psych care man,60mi	\$236.79	\$149.96	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
G0504	Init/sub psych care add 30 m	\$123.65	\$80.25	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
G0505	Cog/func assessment outpt	\$445.28	\$328.86	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
G0506	Comp asses care plan ccm svc	\$117.18	\$84.81	0	0%	0%	0%	0	0	0	0	0	0	)	R		
G0507	Care manage serv minimum 20	\$89.45	\$59.85	0	0%	0%	0%	9	9	9	9	9	9	)	F		Υ
G0508	Crit care telehea consult 60	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	9	0	0	)	Χ		
G0509	Crit care telehea consult 50	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	9	0	0		Χ		
G0511	Ccm/bhi by rhc/fqhc 20min mo	Not Covered	Not Covered	0	0%	0%	0%	0	9	9	9	9	9	)	X		
G0512	Cocm by rhc/fqhc 60 min mo	Not Covered	Not Covered	0	0%	0%	0%	0	9	9	9	9	9	)	X		
G0513	Prolong prev svcs, first 30m	\$121.71	\$113.94	0	0%	0%	0%	0					0	)	R		
G0514	Prolong prev svcs, addl 30m	\$121.06	\$114.59	0	0%	0%	0%						0		R		
G0516	Insert drug del implant, >=4	\$501.74	\$211.05	0	0%	0%	0%	0					0	)	R		Υ
G0517	Remove drug implant	\$466.78	\$216.88	0	0%	0%	0%	0	_				0	)	R		Υ
G0518	Remove w insert drug implant	\$998.29	\$390.38	0	0%	0%	0%	0		0			0		R		Y
G0913	Improve visual funct	Not Covered	Not Covered	0	0%	0%	0%			9			9	_	X		
G0914	Survey not complete	Not Covered	Not Covered	0	0%	0%	0%	9					9	)	X		
G0915	No improve visual funct	Not Covered	Not Covered	0	0%	0%	0%	9					_		X		
G0916	Satisfy with care	Not Covered	Not Covered	0	0%	0%	0%						_		X		
G0917	Satisfy survey not complete	Not Covered	Not Covered	0	0%	0%	0%			9			Ŭ		X		
G0918	No satisfy with care	Not Covered	Not Covered	0	0%	0%	0%	9		9	_		9		X		
G1001	Cdsm evicore	Not Covered	Not Covered	0	0%	0%	0%			Ŭ	_		9		X		
G1001	Cdsm medcurrent	Not Covered	Not Covered	0			0%								X		
G1002	Cdsm medicalis	Not Covered	Not Covered	0	0%		0%								X		
G1003 G1004	Cdsm ndsc	Not Covered Not Covered	Not Covered	0	0%	0%	0%							\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	X		
G1004 G1005	Cdsm nia	Not Covered	Not Covered	0	0%	0%	0%						9	1	X		
				0		0%	0%					_	9				
G1006 G1007	Cdsm test approp Cdsm aim	Not Covered	Not Covered Not Covered	0	0% 0%	0%	0%								X X		
		Not Covered		0		0%	0%				_	_					
G1008	Cdsm cranberry pk	Not Covered	Not Covered	0	0%								<u> </u>		X		
G1009	Cdsm stangen	Not Covered	Not Covered	0	0%	0%	0%							<u></u>	<u>^</u>		
G1010	Cdsm stanson	Not Covered	Not Covered	0	0%	0%	0%								X		
G1011	Cdsm qualified nos	Not Covered	Not Covered	0	0%	0%	0%								X		
G1012	Cdsm agilemd	Not Covered	Not Covered	0	0%	0%	0%								X		
G1013	Cdsm evidencecare	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		



		DOLLAF	R VALUE				МС	ODIFIERS	3								
HCPCS		NON-FACILITY	FACILITY			INTRA OP					ASI			ENDO			PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)	(26/TC)				(-62)			FSI	LIC REQ	AUTH
G1014	Cdsm inveniqa	Not Covered	Not Covered	0		0%	0%								X		
G1015	Cdsm reliant	Not Covered	Not Covered	0		0%	0%						9		Χ		
G1016	Cdsm speed of care	Not Covered	Not Covered	0	0.0	0%	0%	9			9		9		X		
G1017	Cdsm healthhelp	Not Covered	Not Covered	0	0,0	0%	0%	9					,		X		
G1018	Cdsm infinx	Not Covered	Not Covered	0		0%	0%					9	·		X		
G1019	Cdsm logicnets	Not Covered	Not Covered	0		0%	0%	9	9	9	9	9	9		Χ		
G2001	Post d/c h vst new pt 20 m	Not Covered	Not Covered	0	0 70	0%	0%	0	0	0	0	0	0		X		
G2002	Post-d/c h vst new pt 30 m	Not Covered	Not Covered	0	0%	0%	0%	0	0		0	0	0		X		
G2003	Post-d/c h vst new pt 45 m	Not Covered	Not Covered	0	0,0	0%	0%				0	0	0		Χ		
G2004	Post-d/c h vst new pt 60 m	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		Χ		
G2005	Post-d/c h vst new pt 75 m	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		Χ		
G2006	Post-d/c h vst ext pt 20 m	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		Χ		
G2007	Post-d/c h vst ext pt 30 m	Not Covered	Not Covered	0	• , •	0%	0%	0	0	0	0	0	0		Χ		
G2008	Post-d/c h vst ext pt 45 m	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		Χ		
G2009	Post-d/c h vst ext pt 60 m	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		Χ		
G2010	Remot image submit by pt	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		Χ		
G2011	Alcohol/sub abuse assess	\$31.08	\$31.08	0	0%	0%	0%	0	0	0	0	0	0		R		Υ
G2012	Brief check in by md/qhp	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X		
G2013	Post-d/c h vst ext pt 75 m	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		Χ		
G2014	Post-d/c care plan overs 30m	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X		
G2015	Post-d/c care plan overs 60m	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		Χ		
G2021	Hea care pract tx in place	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G2022	Benef refuses service, mod	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G2023	Specimen collect covid-19	\$24.15	\$24.15	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
G2024	Spec coll snf/lab covid-19	\$26.21	\$26.21	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
G2058	Ccm add 20min	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		Χ		
G2061	Qual nonmd est pt 5-10m	\$22.66	\$22.66	0	0%	0%	0%	0	0	0	0	0	0		R		
G2062	Qual nonmd est pt 11-20m	\$39.49	\$39.49	0	0%	0%	0%	0	0	0	0	0	0		R		
G2063	Qual nonmd est pt 21>min	\$61.50	\$60.86	0	0%	0%	0%	0	0	0	0	0	0		R		
G2064	Md mang high risk dx 30	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		Χ		
G2065	Clin mang h risk dx 30	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		Χ		
G2066	Inter devc remote 30d	Not Covered	Not Covered	0	0%	0%	0%	3	0	0	0	0	0		Χ		
G2067	Med assist tx meth wk	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G2068	Med assist tx bupre oral	Not Covered	Not Covered	0	0%	0%	0%	9			9	9	_		X		
G2069	Med assist tx inject	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G2070	Med assist tx implant	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G2071	Med tx remove implant		Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G2072	Med tx insert/remove imp		Not Covered	0		0%	0%								Χ		
G2073	Med tx naltrexone	Not Covered	Not Covered	0	0%	0%	0%	9				9	9		X		
G2074	Med assist tx no drug	Not Covered	Not Covered	0	0%	0%	0%	9		-	9	9	9		X		
G2075	Med tx meds nos		Not Covered	0		0%	0%	9			9	9	9		Χ		
G2076	Intake act w/med exam		Not Covered	0		0%	0%						9		Χ		
G2077	Periodic assessment		Not Covered	0		0%	0%	9					9		X		
G2078	Take-home meth		Not Covered	0		0%	0%			-					X		



			R VALUE					ODIFIERS									
HCPCS CODE	ABBREVIATED DESCRIPTION	NON-FACILITY SETTING	FACILITY SETTING	FOL UP	PRE OP (-56)	INTRA OP (-54)	POST OP (-55)						TSI (-66)	ENDO BASE	FSI	LIC REQ	PRIOR AUTH
	_							. ,	<u> </u>	÷	, <u> </u>	÷	÷	_		LIC KEQ	AUTH
G2079	Take-hom buprenorphine	Not Covered	Not Covered	0	0%	0%	0%								X		4
G2080	Add 30 mins counsel	Not Covered	Not Covered	0	0%	0%	0%				_	_		_	X		
G2081	Pt 66+ snp or ltc pos > 90d	Not Covered	Not Covered	0	0%	0%	0%					_	9	)	X		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
G2082	Visit esketamine 56m or less	\$1,439.82	\$46.61	0	0%	0%	0%	0	<u> </u>			_	0	)	R		Y
G2083	Visit esketamine, > 56m	\$2,104.70	\$46.61	0	0%	0%	0%		·		_	_	0	_	R		Υ
G2086	Off base opioid tx 70min	Not Covered	Not Covered	0	0%	0%	0%					_	C	)	X		
G2087	Off base opioid tx, 60 m	Not Covered	Not Covered	0	0%	0%	0%	0	_			_	C	)	X		
G2088	Off base opioid tx, add30	Not Covered	Not Covered	0	0%	0%	0%	0	_				C	)	X		
G2089	A1c level 7 to 9%	Not Covered	Not Covered	0	0%	0%	0%						ı		X		
G2090	Pt 66+ frailty and med dem	Not Covered	Not Covered	0	0%	0%	0%					_			X		4
G2091	Pt 66+ frailty and adv ill	Not Covered	Not Covered	0	0%	0%	0%	9			9		9		X		
G2092	Ace arb arni	Not Covered	Not Covered	0	0%	0%	0%	9			Ū			1	X		
G2093	Med doc rsn no ace arn arni	Not Covered	Not Covered	0	0%	0%	0%				_				X		
G2094	Pt rsn no ace arn arni	Not Covered	Not Covered	0	0%	0%	0%			9	9	9	9	)	Χ		
G2095	Sys rsn no ace arn arni	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
G2096	No rsn ace arb arni	Not Covered	Not Covered	0	0%	0%	0%	9	_	9	9		9	)	X		
G2097	Child dx uri 3d of other dx	Not Covered	Not Covered	0	0%	0%	0%				_		9	)	Χ		
G2098	Pt 66+ frailty and med dem	Not Covered	Not Covered	0	0%	0%	0%			9	9	9	9	)	Χ		
G2099	Pt 66+ frailty and adv ill	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
G2100	Pt 66+ frailty and med dem	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
G2101	Pt 66+ frailty and adv ill	Not Covered	Not Covered	0	0%	0%	0%						9	4	Χ		
G2102	Dil retinal eye exam	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
G2103	7 stereo photos interpret	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
G2104	Eye img valid w/7 stereo	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
G2105	Pt 66+ It ints > 90	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
G2106	Pt 66+ It ints > 90	Not Covered	Not Covered	0	0%	0%	0%		9	9	9	9	9	)	Χ		
G2107	Pt 66+ frailty and adv ill	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
G2108	Pt 66+ It ints > 90	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
G2109	Pt 66+ frailty and med dem	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		-
G2110	Pt 66+ frailty and adv ill	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
G2112	Pred<=5 mg ra glu <6m	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
G2113	Pred>5 mg >6m, no chg da	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
G2114	Pt 66-80 frailty and med dem	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
G2115	Pt 66+ frailty and med dem	Not Covered	Not Covered	0	0%	0%	0%	9					9	)	Χ		
G2116	Pt 66+ frailty and adv ill	Not Covered	Not Covered	0	0%	0%	0%	9			9	9	9	)	X		
G2117	Pt 66-80 frailty and adv ill	Not Covered	Not Covered	0	0%	0%	0%		9	9	9	9	9	)	X		
G2118	Pt 81+ frailty	Not Covered	Not Covered	0	0%		0%						9	)	X		
G2119	Calc vitd opt	Not Covered	Not Covered	0	0%		0%						9	)	X		
G2120	No calc vitd opt	Not Covered	Not Covered	0	0%	0%	0%				_		g	)	X		
G2121	Psy dep anx ap and icd asse	Not Covered	Not Covered	0	0%	0%	0%		_		_		9		X		
G2122	Psy/dep/anx/apandicd noasse	Not Covered	Not Covered	0	0%		0%						9		X		
G2123	Pt 66-80 frailty med dem	Not Covered	Not Covered	0	0%		0%								X		<del> </del>
G2124	Pt 66-80 frailty adv ill	Not Covered	Not Covered	0	0%	0%	0%								X		
G2125	Pt 81+ frailty	Not Covered	Not Covered	0	0%	0%	0%				+		_		X		
					0,0	C 70	<b>5</b> 70	U									



		DOLLA	R VALUE					ODIFIERS									
HCPCS	4 D D D S (	NON-FACILITY	FACILITY			INTRA OP							TSI	ENDO	<b>50</b> /		PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)							BASE	FSI	LIC REQ	AUTH
G2126	Pt 66+ frailty adv ill	Not Covered	Not Covered	0	0%	0%	0%								X		
G2127	Pt 66+ frailty med dem	Not Covered	Not Covered	0	0%	0%	0%			9	9	9	9	)	Χ		
G2128	No aspirin med rsn	Not Covered	Not Covered	0	0%	0%	0%			9	9	9	9	)	X		
G2129	No bp outpt	Not Covered	Not Covered	0	0%	0%	0%	9			_		9	)	X		
G2130	Pt 66+ It inst > 90	Not Covered	Not Covered	0	0%	0%	0%				_		9	)	X		
G2131	Pt 81+ frailty	Not Covered	Not Covered	0	0%	0%	0%						9	)	Χ		
G2132	Pt 66-80 frailty and med dem	Not Covered	Not Covered	0	0%	0%	0%	9		9	9	9	9	)	X		
G2133	Pt 66-80 frailty and adv ill	Not Covered	Not Covered	0	0%	0%	0%	9			U		9	)	X		
G2134	Pt 66+ frailty and med dem	Not Covered	Not Covered	0	0%	0%	0%				9	9	9	)	Χ		
G2135	Pt 66+ frailty and adv ill	Not Covered	Not Covered	0	0%	0%	0%				9	9	9	)	Χ		
G2136	Bk pain vas 6-20wk = 3	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
G2137	Bk pain vas 6-20wk > 3	Not Covered	Not Covered	0	0%	0%	0%	9			Ū				X		
G2138	Bk pain vas 9-15mo = 3	Not Covered	Not Covered	0	0%	0%	0%						·		Χ		
G2139	Bk pain vas 9-20mo > 3	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
G2140	Leg pain vas 6-20wk = 3	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
G2141	Leg pain vas 6-20wk > 3	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
G2142	Fs odi 9-15mo postop<= 22	Not Covered	Not Covered	0	0%	0%	0%		9	9	9	9	9	)	X		
G2143	Fs odi 9-15mo > 22	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
G2144	Fs odi 6-20wk postop > 22	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
G2145	Fsodi 6-20wk >22 or chg 30pt	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
G2146	Leg pain vas 9-15mo <= 3	Not Covered	Not Covered	0	0%	0%	0%		9	9	9	9	9	)	Χ		
G2147	Leg pain vas 9-15mo > 3	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
G2148	Mpm used	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
G2149	No mpm med rsn	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
G2150	No mpm	Not Covered	Not Covered	0	0%	0%	0%		9	9	9	9	9	)	Χ		
G2151	Dx degen neuro	Not Covered	Not Covered	0	0%	0%	0%		9	9	9	9	9	)	Χ		
G2152	Res change sc =0	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
G2153	Hosp dur meas pd	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
G2154	Td 9 yrs start end meas	Not Covered	Not Covered	0	0%	0%	0%		9	9	9	9	9	)	Χ		
G2155	Hist contraindications	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
G2156	No prior td or hx contra	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
G2157	Pneum vacc 12 mo 60+	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
G2158	Pneum vacc adv rx	Not Covered	Not Covered	0	0%	0%	0%	9					9	)	Χ		
G2159	No pneum vacc 12 mo 60+	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
G2160	Herpzos 50+	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
G2161	Adv rx zos	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
G2162	No herpzos 50+	Not Covered	Not Covered	0	0%	0%	0%		9	9	9	9	9	)	Χ		
G2163	Infl vacc 07/01 to 06/30	Not Covered	Not Covered	0	0%	0%	0%		9	9	9	9	9		Χ		
G2164	Adv rx infl vacc	Not Covered	Not Covered	0	0%	0%	0%		9	9	9	9	9		X		
G2165	No infl vacc 07/01 to 06/30	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G2166	No pt adm dx no neck fs prom	Not Covered	Not Covered	0	0%	0%	0%						9		Χ		
G2167	Res change sc < 0	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G2168	Svs by pt in home health	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
G2169	Svs by ot in home health	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		



		DOLLA	R VALUE				МС	ODIFIERS	S								
HCPCS		NON-FACILITY	FACILITY			INTRA OP							TSI	ENDO			PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)	(26/TC)	(-51)	(-50)	(-80)	(-62)	(-66)	BASE	FSI	LIC REQ	AUTH
G2170	Avf by tissue w thermal e	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
G2171	Avf use magnetic/art/ven	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
G6001	Echo guidance radiotherapy	\$164.44	\$164.44	0	0%	0%	0%	1	0	0	0	0	0		R		Υ
G6001	Echo guidance radiotherapy	\$60.21	\$60.21	0	0%	0%	0%	1	0	0	0	0	0		R		Υ
G6001	Echo guidance radiotherapy	\$224.65	\$224.65	0	0%	0%	0%	1	0		0	0	0		R		Υ
G6002	Stereoscopic x-ray guidance	\$38.20	\$38.20	0	0%	0%	0%	1	0	0	0	0	0		R		Υ
G6002	Stereoscopic x-ray guidance	\$105.53	\$105.53	0	0%	0%	0%	1	0	0	0	0	0		R		Υ
G6002	Stereoscopic x-ray guidance	\$143.72	\$143.72	0	0%	0%	0%	1	0	0	0	0	0		R		Υ
G6003	Radiation treatment delivery	\$359.95	\$359.95	0	0%	0%	0%	3		0	0	0	0		R		Υ
G6004	Radiation treatment delivery	\$272.56	\$272.56	0	0%	0%	0%	3	0	0	0	0	0		R		Υ
G6005	Radiation treatment delivery	\$272.56	\$272.56	0	0%	0%	0%	3	0	0	0	0	0		R		Υ
G6006	Radiation treatment delivery	\$272.56	\$272.56	0	0%	0%	0%	3		0	0	0	0		R		Υ
G6007	Radiation treatment delivery	\$511.45	\$511.45	0	0%	0%	0%	3	_		Ŭ	_	0		R		Υ
G6008	Radiation treatment delivery	\$376.14	\$376.14	0	0%	0%	0%	3		0	0	0	0		R		Υ
G6009	Radiation treatment delivery	\$372.90	\$372.90	0	0%	0%	0%	3	0	0	0	0	0		R		Υ
G6010	Radiation treatment delivery	\$372.90	\$372.90	0	0%	0%	0%	3	0	0	0	0	0		R		Υ
G6011	Radiation treatment delivery	\$505.62	\$505.62	0	0%	0%	0%	3	0	0	0	0	0		R		Υ
G6012	Radiation treatment delivery	\$498.50	\$498.50	0	0%	0%	0%	3	_	0	0	0	0		R		Υ
G6013	Radiation treatment delivery	\$499.15	\$499.15	0	0%	0%	0%	3	0	0	0	0	0		R		Υ
G6014	Radiation treatment delivery	\$499.15	\$499.15	0	0%	0%	0%	3		0	0	0	0		R		Υ
G6015	Radiation tx delivery imrt	\$701.13	\$701.13	0	0%	0%	0%	3	0	0	0	0	0		R		Υ
G6016	Delivery comp imrt	\$699.19	\$699.19	0	0%	0%	0%	3	0	0	0	0	0		R		Υ
G6017	Intrafraction track motion	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N		Υ
G6030	Assay of amitriptyline	\$36.17	\$36.17	0	0%	0%	0%	9	9	9	9	9	9		F		
G6031	Assay of benzodiazepines	\$37.38	\$37.38	0	0%	0%	0%	9			9	9	9		F		
G6032	Assay of desipramine	\$34.79	\$34.79	0	0%	0%	0%	9	9	9	9	9	9		F		
G6034	Assay of doxepin	\$31.33	\$31.33	0	0%	0%	0%	9	9	9	9	9	9		F		
G6035	Assay of gold	\$32.91	\$32.91	0	0%	0%	0%	9			Ū		9		F		
G6036	Assay of imipramine	\$34.90	\$34.90	0	0%	0%	0%	9					9		F		
G6037	Assay of nortiptyline	\$27.39	\$27.39	0	0%	0%	0%	9	9	9	9	9	9		F		
G6038	Assay of salicylate	\$14.34	\$14.34	0	0%	0%	0%	9	9	9	9	9	9		F		
G6039	Assay of acetaminophen	\$36.49	\$36.49	0	0%	0%	0%	9	•	•	5		9		F		
G6040	Assay of ethanol	\$21.84	\$21.84		0%		0%								F		
G6041	Assay of urine alkaloids	\$60.66	\$60.66	0	0%	0%	0%				9	9	9		F		
G6042	Assay of amphetamines	\$31.41	\$31.41	0	0%	0%	0%	9					9		F		
G6043	Assay of barbiturates	\$23.14	\$23.14	0	0%	0%	0%	9			·		9		F		
G6044	Assay of cocaine	\$30.60	\$30.60	0	0%	0%	0%								F		
G6045	Assay of dihydrocodeinone	\$41.73	\$41.73	0	0%	0%	0%						9		F		
G6046	Assay of dihydromorphinone	\$51.88	\$51.88	0	0%	0%	0%				·		9		F		
G6047	Assay of dihydrotestosterone	Not Covered	Not Covered	0	0%	0%	0%						·		X		
G6048	Assay of dimethadione	\$27.99	\$27.99	0	0%	0%	0%								F		
G6049	Asssay of epiandrosterone	Not Covered	Not Covered	0	0%	0%	0%						9		X		
G6050	Assay of ethchlorvynol	\$34.93	\$34.93	0	0%	0%	0%						9		F		
G6051	Assay of flurazepam	\$40.02	\$40.02	0	0%	0%	0%	9	9	9	9	9	9		F		



		DOLLAR	VALUE				М	ODIFIERS	;								
HCPCS		NON-FACILITY	FACILITY			INTRA OP								ENDO			PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)	(26/TC)	(-51)	(-50)	(-80)	(-62)	(-66)	BASE	FSI	LIC REQ	AUTH
G6052	Assay of meprobamate	\$35.61	\$35.61	0	0%	0%	0%	9	9	9	9	9	9		F		
G6053	Assay of methadone	\$33.00	\$33.00	0	0%	0%	0%	9	9	9	9	9	9		F		
G6054	Assay of methsuximide	\$29.93	\$29.93	0	0%	0%	0%	9	9	9	9	9	9		F		
G6055	Assay of nicotine	\$47.87	\$47.87	0	0%	0%	0%	9	9	9	9	9	9		F		
G6056	Assay of opiates	\$39.32	\$39.32	0	0%	0%	0%	9	9	9	9	9	9		F		
G6057	Assay of phenothiazine	\$25.43	\$25.43	0	0%	0%	0%	9	9	9	9	9	9		F		
G6058	Drug confirmation	\$26.77	\$26.77	0	0%	0%	0%	9	9	9	9	9	9		F		
G8395	Lvef>=40% doc normal or mild	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G8396	Lvef not performed	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G8397	Dil macula/fundus exam/w doc	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G8398	Dil macular/fundus not perfo	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G8399	Pt w/dxa results document	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G8400	Pt w/dxa no results doc	Not Covered	Not Covered	0	0%	0%	0%		9	9	9	9	9		Χ		
G8404	Low externity neur exam docum	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G8405	Low extemity neur not perfor	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G8410	Eval on foot documented	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Х		
G8415	Eval on foot not performed	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G8416	Pt inelig footwear evaluatio	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Х		
G8417	Calc bmi abv up param f/u	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G8418	Calc bmi blw low param f/u	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Х		
G8419	Calc bmi out nrm param nof/u	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G8420	Calc bmi norm parameters	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Х		
G8421	Bmi not calculated	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G8422	Pt inelig bmi calculation	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G8427	Docrev cur meds by elig clin	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Х		
G8428	Cur meds not document	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Х		
G8430	Ec at doc medrec pt not elig	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G8431	Pos clin depres scrn f/u doc	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Х		
G8432	Dep scr not doc, rng	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Х		
G8433	Scr for dep not cpt doc rsn	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Х		
G8442	Doc pain as nt perf, not elg	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G8450	Beta-bloc rx pt w/abn lvef	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G8451	Pt w/abn lvef inelig b-bloc	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G8452	Pt w/abn lvef b-bloc no rx	Not Covered	Not Covered	0	0%	0%	0%	9	9			9	9		Χ		
G8465	High risk recurrence pro ca	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G8473	Ace/arb thxpy rx'd	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G8474	Ace/arb not rx'd; doc reas	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G8475	Ace/arb thxpy not rx'd	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G8476	Bp sys <140 and dias <90	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G8477	Bp sys>=140 and/or dias >=90	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G8478	Bp not performed/doc	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G8482	Flu immunize order/admin	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Х		
G8483	Flu imm no admin doc rea	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G8484	Flu immunize no admin	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Х		



		DOLLAF	R VALUE					ODIFIERS									
HCPCS		NON-FACILITY	FACILITY			INTRA OP							TSI	ENDO			PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)			(-50)	(-80)	(-62)	(-66)	BASE	FSI	LIC REQ	AUTH
	Pt rec ace/arb	Not Covered	Not Covered	0	0%	0%	0%						9		Χ		
G8509	Pos pain assess no f/u doc	Not Covered	Not Covered	0	0%	0%	0%		9	9	9	9	9	)	Χ		
G8510	Scr dep neg, no plan reqd	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G8511	Scr dep pos, no plan doc rng	Not Covered	Not Covered	0	0%	0%	0%	9			_		9	)	X		
	Eld maltreatment not doc	Not Covered	Not Covered	0	0%	0%	0%				_		9		Χ		
G8536	No doc elder mal scrn	Not Covered	Not Covered	0	0%	0%	0%			9	9	9	9		Χ		
G8539	Doc funct and care plan	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
	Foa not doc as being perf	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
G8541	No doc cur funct assess	Not Covered	Not Covered	0	0%	0%	0%		9	9	9	9	9		Χ		
G8542	Doc funct no deficiencies	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G8543	Cur funct asses; no care pln	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
	Pt ref doc oto eval	Not Covered	Not Covered	0	0%	0%	0%	9		9	Ū		9		X		
	Pt hx act drain prev 90 days	Not Covered	Not Covered	0	0%	0%	0%			9	9	9	9		Χ		
G8561	Pt inelig for ref oto eval	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G8562	Pt no hx act drain 90 d	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G8563	Pt no ref oto reas no spec	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G8564	Pt ref oto eval	Not Covered	Not Covered	0	0%	0%	0%		9	9	9	9	9		Χ		
G8565	Ver doc hear loss	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G8566	Pt inelig ref oto eval	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G8567	Pt no doc hear loss	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G8568	Pt no ref otolo no spec	Not Covered	Not Covered	0	0%	0%	0%		9	9	9	9	9		Χ		
G8569	Prol intubation req	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G8570	No prol intub req	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G8571	Ster wd ifx 30 d postop	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G8572	No ster wd ifx	Not Covered	Not Covered	0	0%	0%	0%		9	9	9	9	9		Χ		
G8573	Stk cabg	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G8574	No strk cabg	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G8575	Postop ren fail	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
	No postop ren fail	Not Covered	Not Covered	0	0%	0%	0%				9	9	9		Χ		
G8577	Reop req bld grft oth	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G8578	No reop req bld grft oth	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G8598	Asa/antiplat ther used	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G8599	No asa/antiplat ther use rng	Not Covered	Not Covered	0			0%								X		
G8600	Tpa initi w/in 3 hrs	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G8601	No elig tpa init w/in 3 hrs	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G8602	No tpa init w/in 3 hrs	Not Covered	Not Covered	0	0%	0%	0%		9	9	9	9	9		X		
G8627	Surg proc w/in 30 days	Not Covered	Not Covered	0	0%	0%	0%						9		Χ		
G8628	No surg proc w/in 30 days	Not Covered	Not Covered	0	0%	0%	0%		9	9	9	9	9		Χ		<u> </u>
G8633	Pharm ther osteo rx	Not Covered	Not Covered	0	0%	0%	0%		9	9	9	9	9		X		
G8635	No pharm ther osteo rx	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	•		9		X		
G8647	Rafscrs ki scor >= 0	Not Covered	Not Covered	0	0%	0%	0%						9		Χ		<u> </u>
G8648	Rafscrs ki scor < 0	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		<u> </u>
G8650	Rafs crs ki no scor no surv	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G8651	Rafscrs hi scor >=0	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		



		DOLLAF	R VALUE				М	ODIFIERS	S								
HCPCS		NON-FACILITY	FACILITY			INTRA OP						CSI		ENDO			PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)	(26/TC)	(-51)	(-50)	(-80)	(-62)	(-66)	BASE	FSI	LIC REQ	AUTH
G8652	Rafscrs hi scor < 0	Not Covered	Not Covered	0	0%	0%	0%	9			9	9	•		Χ		
G8654	Rafs crs hi no scor no surv	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G8655	Rafscrs Ilfai scor >= 0	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G8656	Rafscrs Ilfai scor < 0	Not Covered	Not Covered	0	0%	0%	0%	9			9	9	9		Χ		
G8658	Rafscrs Ilfai no scor + surv	Not Covered	Not Covered	0	0%	0%	0%				9		9		Χ		
G8659	Rafscrs lbi scor >= 0	Not Covered	Not Covered	0	0,0	0%	0%	9			9	9	9		Χ		
G8660	Rafscrs Ibi scor < 0	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G8661	Rafscrs Ibi no scor	Not Covered	Not Covered	0	0%	0%	0%	9	_		9	9	9		X		
G8662	Rafs crs lbi no scor no surv	Not Covered	Not Covered	0	0,0	0%	0%						,		Χ		
G8663	Rafscrs si scor >= 0	Not Covered	Not Covered	0		0%	0%				9	9	9		Χ		
G8664	Rafscrs si scor < 0	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G8666	Rafs crs si no scor no surv	Not Covered	Not Covered	0	0%	0%	0%	9			9		9		X		
G8667	Rafscrs ewh scor >= 0	Not Covered	Not Covered	0		0%	0%					9	9		X		
G8668	Rafscrs ewh scor < 0	Not Covered	Not Covered	0		0%	0%	9	9	9	9	9	9		Χ		
G8670	Rafs crs ewh no scor no surv	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G8671	Rafscrs goi scor >= 0	Not Covered	Not Covered	0	0%	0%	0%	9	•		9	9	9		X		
G8672	Rafscrs goi scor < 0	Not Covered	Not Covered	0	0,0	0%	0%				9	9	,		Χ		
G8674	Rafscrs neck, no msr/no foto	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G8694	Lvef <40%	Not Covered	Not Covered	0	0 70	0%	0%	9	9	9	9	9	9		X		
G8696	Antithromb thx presc	Not Covered	Not Covered	0	0%	0%	0%	9			9	9	9		X		
G8697	Antithromb no presc doc reas	Not Covered	Not Covered	0	,	0%	0%				9		9		Χ		
G8708	Antibiotic not pres	Not Covered	Not Covered	0		0%	0%				9	9	9		Χ		
G8709	Pt presc doc med rsn id uri	Not Covered	Not Covered	0	0%	0%	0%	9			9	9	9		X		
G8710	Pt pres antibiotic	Not Covered	Not Covered	0	0%	0%	0%	9	Ū		9	·	9		X		
G8711	Pres antibiotic	Not Covered	Not Covered	0	0,0	0%	0%								X		
G8712	Not pres antibiotic	Not Covered	Not Covered	0	0%	0%	0%				9		9		Χ		
G8721	Pt, pn, hist grade doc	Not Covered	Not Covered	0	0%	0%	0%				9	9	9		X		
G8722	Med reas pt, pn, not doc	Not Covered	Not Covered	0	0%	0%	0%				9		9		X		
G8723	Spec sit not prim tumor	Not Covered	Not Covered	0	0,0	0%	0%						,		X		
G8724	Pt, pn, hist grade not doc	Not Covered	Not Covered	0	0,0	0%	0%						9		X		
G8730	Pain doc pos and plan	Not Covered	Not Covered	0	0%	0%	0%	9			9	9	9		X		
G8731	Pain neg no plan	Not Covered	Not Covered	0	0%	0%	0%				9		9		X		
G8732	No doc of pain	Not Covered	Not Covered	0											X		
G8733	Doc pos elder mal scrn plan	Not Covered	Not Covered	0			0%						9		Χ		
G8734	Doc neg elder mal no plan	Not Covered	Not Covered	0	0,0	0%	0%						9		X		
G8735	Eld mal scrn pos no plan	Not Covered	Not Covered	0	0,70	0%	0%					9	9		X		
G8749	No signs melanoma	Not Covered	Not Covered	0	• , •		0%						9		X		
G8752	Sys bp less 140	Not Covered	Not Covered	0			0%						<u> </u>		X		
G8753	Sys bp > or = 140	Not Covered	Not Covered	0	0,0	0%	0%						9		X		
G8754	Dias bp less 90	Not Covered	Not Covered	0	0,0	0%	0%						9		X		
G8755	Dias bp > or = 90	Not Covered	Not Covered	0			0%						9		X		
G8756	No bp measure doc	Not Covered	Not Covered	0			0%						9		X		
G8783	Bp scrn perf rec interval	Not Covered	Not Covered	0		0%	0%								X		
G8785	Bp scrn no perf at interval	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		



			R VALUE					ODIFIERS									
HCPCS CODE	ABBREVIATED DESCRIPTION	NON-FACILITY SETTING	FACILITY SETTING	FOL UP	PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	<i>PCTC</i> (26/TC)						ENDO BASE	FSI	LIC REQ	PRIOR AUTH
				_												LIONEQ	70111
G8797	Specimen site not esophagus	Not Covered Not Covered	Not Covered	0		0%	0%						Ŭ		X		4
G8798	Specimen site not prostate		Not Covered	0		0%	0%			9		_	9				
G8806	Perf ultrsnd to lct preg doc	Not Covered	Not Covered	0	0%	0%	0%	9					9		X		$\blacksquare$
G8807	No ta tv ultrasnd	Not Covered	Not Covered	0	0%	0%	0%	9			Ū		9		X		
G8808	Ultrasound not perf, rng	Not Covered	Not Covered	0	0%	0%	0% 0%			9			9		X		4
G8809	Rh-immunoglobulin order  Doc reas no rh-immuno	Not Covered	Not Covered	0	0%	0%						_	9				4
G8810		Not Covered	Not Covered	0	0%	0%	0%	9		9	·		9		X		
G8811	No rh-immunoglobulin order	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	O		9		X		
G8815	Doc reas no statin therapy	Not Covered	Not Covered	0	0%	0%	0%				_		9		X		4
G8816	Statin med pres at disch	Not Covered	Not Covered	0	0%	0%	0%					_	9		X		
G8817	Doc reas no statin med disch	Not Covered	Not Covered	0	0%	0%	0%	9					9		X		
G8818	Pt disch to home by day#7	Not Covered	Not Covered	0	0%	0%	0%	9			Ŭ		9		X		
G8825	Pt not disch to home day#7	Not Covered	Not Covered	0	0%	0%	0%				_		9		X		4
G8826	Pt disch home day #2 evar	Not Covered	Not Covered	0	0%	0%	0%					_			X		
G8833	Pt not disch home day#2 evar	Not Covered	Not Covered	0	0%	0%	0%	9					9		X		
G8834	Pt disch home day #2 cea	Not Covered	Not Covered	0	0%	0%	0%	9	Ů	9	O	•	9		X		
G8838	Not disch home by day #2	Not Covered	Not Covered	0	0,0	0%	0%			9			9		Χ		
G8839	Sleep apnea assess	Not Covered	Not Covered	0	0%	0%	0%			9			9		X		
G8840	Doc reas no sleep apnea	Not Covered	Not Covered	0	0%	0%	0%	9			Ŭ		9		X		
G8841	No sleep apnea assess	Not Covered	Not Covered	0	0%	0%	0%	9			Ū		9		X		
G8842	Ahi or rdi initial dx	Not Covered	Not Covered	0	0%	0%	0%						9		X		
G8843	Doc reas no ahi or rdi	Not Covered	Not Covered	0	0%	0%	0%					_	9		Χ		
G8844	No ahi or rdi initial dx	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G8845	Pos airway press prescribed	Not Covered	Not Covered	0	0%	0%	0%	9		9	0		9		X		
G8846	Mod or severe osa	Not Covered	Not Covered	0	0%	0%	0%						9		Χ		
G8849	Doc reas no pos air press	Not Covered	Not Covered	0	0%	0%	0%			9	9	9	9		Χ		
G8850	No pap prescribed	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G8851	Adhere pos air press therapy	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G8852	Pos air press prescribe	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G8854	Reas no adhere pos air pres	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G8855	Pos air press adhere no perf	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G8856	Ref for oto eval	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G8857	No elig ref for oto eval	Not Covered	Not Covered	0	0%	0%	0%	9			9	9	9		Χ		
G8858	Not ref for oto eval	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G8863	No assess bone loss	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G8864	Pneumococcal vaccine admin	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G8865	Doc med reas no pneumococcal	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G8866	Doc pt reas no pneumococcal	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G8867	No pneumococcal admin	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G8869	Doc immune hep b antitnf	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G8872	Intraop image confirm excise	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G8873	Specimen not intraop image	Not Covered	Not Covered	0			0%						9		X		
G8874	Tissue not image intraop	Not Covered	Not Covered	0	0%	0%	0%						9		X		
G8875	Breast cancer dx min invsive	Not Covered	Not Covered	0		0%	0%								X		



			R VALUE					ODIFIERS									
HCPCS CODE	ABBREVIATED DESCRIPTION	NON-FACILITY SETTING	FACILITY SETTING	FOL UP	PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	<i>PCTC</i> (26/TC)						ENDO BASE	FSI	LIC REQ	PRIOR AUTH
G8876	Doc reas no min inv dx	Not Covered	Not Covered	T 0		0%	0%						_		X		710111
G8877	No brst cncr dx min invasive	Not Covered	Not Covered	0		0%	0%					_	_		X		
G8878	Sent lymph node biopsy	Not Covered	Not Covered	0	0%	0%	0%	9			_				X		_
G8880	Sen lym p node biop not perf	Not Covered	Not Covered	0	0%	0%	0%	9					$\overline{}$		Y		
G8881	Brst cncr stage > t1n0m0	Not Covered	Not Covered	0		0%	0%						Ŭ		X		
G8882	No sent lymph node biopsy	Not Covered	Not Covered	0		0%	0%			9			_		X		-
G8883	Rev, comm, track, doc biopsy	Not Covered	Not Covered	0	0%	0%	0%	9					_		X		
G8884	Doc reas biopsy not review	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	_	_	9		X		
G8885	No rev, comm, track biopsy	Not Covered	Not Covered	0		0%	0%	_	•	O	U		9		X		
G8907		Not Covered	Not Covered	0		0%	0%						_		X		4
	Pt doc no events on discharg		Not Covered	0		0%	0%						_				_
G8908	Pt doc w burn prior to d/c	Not Covered		0	0%			9			Ŭ		9		X		$\blacksquare$
G8909	Pt doc no burn prior to d/c	Not Covered	Not Covered	0	0%	0%	0%	9			Ŭ		Ŭ		<b>∧</b>		
G8910	Pt doc to have fall in asc	Not Covered	Not Covered	0		0%	0%				_		_		X		4
G8911	Pt doc no fall in asc	Not Covered	Not Covered	0		0%	0%								X		
G8912	Pt doc with wrong event	Not Covered	Not Covered	0	0%	0%	0%	9					9		X		
G8913	Pt doc no wrong event	Not Covered	Not Covered	0	0%	0%	0%	9	Ů	9	O	,	9		X		
G8914	Pt trans to hosp post d/c	Not Covered	Not Covered	0	0,0	0%	0%			9			·	_	X		4
G8915	Pt not trans to hosp at d/c	Not Covered	Not Covered	0		0%	0%				_		Ŭ		X		
G8916	Pt w iv ab given on time	Not Covered	Not Covered	0	0%	0%	0%	9			Ŭ		9		X		
G8917	Pt w iv ab not given on time	Not Covered	Not Covered	0	0%	0%	0%	9			Ū		U		X		
G8918	Pt w/o preop order iv ab pro	Not Covered	Not Covered	0		0%	0%						·		X		
G8923	Lvef < 40% or lvsd	Not Covered	Not Covered	0		0%	0%								X		
G8924	Spir fev1/fvc<70%,fev<60%	Not Covered	Not Covered	0	0%	0%	0%	9		9	9	9	9		X		
G8925	Spir fev1/fvc>=60% & no copd	Not Covered	Not Covered	0	0%	0%	0%	9		9	O		9		X		
G8926	Spiro no perf or doc	Not Covered	Not Covered	0		0%	0%						9		X		
G8934	Lvef <40% or dep lv sys fcn	Not Covered	Not Covered	0		0%	0%				9	9	9		Χ		
G8935	Rx ace or arb therapy	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G8936	Pt not eligible ace/arb	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G8937	No rx ace/arb therapy	Not Covered	Not Covered	0	0,0	0%	0%		9	9	9	9	9		X		
G8938	Bmi doc onl fup nt doc	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G8939	Pain as doc positive, no f/u	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G8941	Eld maltreatment doc as pos	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G8942	Doc fcn/care plan w/30 days	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G8944	Ajcc mel cnr stg 0 - iic	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G8946	Mibm but no dx of breast ca	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G8950	Pre-htn or htn doc, f/u indc	Not Covered	Not Covered	0	0%	0%	0%						9		Χ		
G8952	Pre-htn/htn, no f/u, not gvn	Not Covered	Not Covered	0			0%						9		X		
G8955	Most recent assess vol mgmt	Not Covered	Not Covered	0			0%								X		
G8956	Pt rcv hedia outpt dyls fac	Not Covered	Not Covered	0	0%	0%	0%				_		9		X		
G8958	Assess vol mgmt not doc	Not Covered	Not Covered	0	0%	0%	0%						9		X		
G8959	Clin tx mdd comm to tx clin	Not Covered	Not Covered	0			0%				-		9		X		
G8960	Clin tx mdd not comm	Not Covered	Not Covered	0			0%						_		X		
G8961	Csit lowrisk surg pts preop	Not Covered	Not Covered	0	0%	0%	0%								X		
G8962	Csit on pt any reas 30 days	Not Covered	Not Covered	0		0%	0%						_		X		
	1001 of prairy road oo days	1 tot Oovoloa	. tot Oovorou		0 /0	0 70	0 /0	5		J	J						4



		DOLLAI	R VALUE				М	ODIFIERS									
HCPCS		NON-FACILITY	FACILITY			INTRA OP								ENDO			PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)	(26/TC)	(-51)	(-50)	(-80)	(-62)	(-66)	BASE	FSI	LIC REQ	AUTH
G8963	Csi per asx pt w/pci 2 yrs	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G8964	Csi any other than pci 2 yr	Not Covered	Not Covered	0	0,0	0%	0%	9	9	9	9	9	9		Χ		
G8965	Csit perf on low chd rsk	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G8966	Csit perf sx or high chd rsk	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G8967	Warf or other fda drug presc	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G8968	Doc med not presb	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G8969	Doc pt rsn no presc warf/fda	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G8970	No rsk fac or 1 mod risk te	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G8973	Mst rcnt hbb < 10g/dl	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G8974	Hgb not doc rns not gvn	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G8975	Hgb <10g/dl, med rsn	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G8976	Hgb >= 10 g/dl	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G9001	Mccd, initial rate	Not Covered	Not Covered	0	0,0	0%	0%		9	9	9	9	9		Χ		
G9002	Mccd,maintenance rate	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G9003	Mccd, risk adj hi, initial	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G9004	Mccd, risk adj lo, initial	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G9005	Mccd, risk adj, maintenance	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
G9006	Mccd, home monitoring	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
G9007	Mccd, sch team conf	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
G9008	Mccd,phys coor-care ovrsght	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
G9009	Mccd, risk adj, level 3	By Report	By Report	0	0%	0%	0%		9	9	9	9	9		N		
G9010	Mccd, risk adj, level 4	By Report	By Report	0	0,0	0%	0%	9	9	9	9	9	9		N		
G9011	Mccd, risk adj, level 5	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
G9012	Other specified case mgmt	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
G9013	Esrd demo bundle level i	Not Covered	Not Covered	0	0%	0%	0%				9	9	9		Χ		
G9014	Esrd demo bundle-level ii	Not Covered	Not Covered	0		0%	0%		9	9	9	9	9		Χ		
G9016	Demo-smoking cessation coun	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G9050	Oncology work-up evaluation	Not Covered	Not Covered	0	0%	0%	0%	9			9	,	9		X		
G9051	Oncology tx decision-mgmt	Not Covered	Not Covered	0		0%	0%						9		X		
G9052	Onc surveillance for disease	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G9053	Onc expectant management pt	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G9054	Onc supervision palliative	Not Covered	Not Covered	0	0%	0%	0%	9	,	9	9		9		X		
G9055	Onc visit unspecified nos	Not Covered	Not Covered	0			0%								X		
G9056	Onc prac mgmt adheres guide	Not Covered	Not Covered	0			0%						9		X		
G9057	Onc pract mgmt differs trial	Not Covered	Not Covered	0	0%	0%	0%						9		X		
G9058	Onc prac mgmt disagree w/gui	Not Covered	Not Covered	0	0%	0%	0%				-		9		X		
G9059	Onc prac mgmt pt opt alterna	Not Covered	Not Covered	0			0%								X		
G9060	Onc prac mgmt dif pt comorb	Not Covered	Not Covered	0			0%						·		X		
G9061	Onc prac cond noadd by guide	Not Covered	Not Covered	0	0%	0%	0%				_		9		X		
G9062	Onc prac guide differs nos	Not Covered	Not Covered	0	0 70	0%	0%								X		
G9063	Onc dx nsclc stgi no progres	Not Covered	Not Covered	0			0%								X		
G9064	Onc dx nsclc stg2 no progres	Not Covered	Not Covered	0			0%						9		X		
G9065	Onc dx nsclc stg3a no progre	Not Covered	Not Covered	0	0%	0%	0%						9		X		
G9066	Onc dx nsclc stg3b-4 metasta	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		



		DOLLAF	R VALUE					ODIFIERS									
HCPCS		NON-FACILITY	FACILITY			INTRA OP							TSI	ENDO			PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)		÷	<u> </u>	÷	÷	÷	BASE	FSI	LIC REQ	AUTH
G9067	Onc dx nsclc dx unknown nos	Not Covered	Not Covered	0	0%	0%	0%						_	_	X		
	Onc dx sclc/nsclc limited	Not Covered	Not Covered	0	0%		0%				9	9	9	)	Χ		
G9069	Onc dx sclc/nsclc ext at dx	Not Covered	Not Covered	0	0%	0%	0%			9	9	9	9	)	X		
G9070	Onc dx sclc/nsclc ext unknwn	Not Covered	Not Covered	0	0%	0%	0%				_		9	)	X		
G9071	Onc dx brst stg1-2b hr,nopro	Not Covered	Not Covered	0	0%	0%	0%				_		9	)	Χ		
G9072	Onc dx brst stg1-2 noprogres	Not Covered	Not Covered	0	0%		0%						9	)	Χ		
G9073	Onc dx brst stg3-hr, no pro	Not Covered	Not Covered	0	0%	0%	0%	9		9	9	9	9	)	X		
G9074	Onc dx brst stg3-noprogress	Not Covered	Not Covered	0	0%	0%	0%	9			U		9	)	X		
	Onc dx brst metastic/ recur	Not Covered	Not Covered	0	0%	0%	0%				9	9	9	)	Χ		
G9077	Onc dx prostate t1no progres	Not Covered	Not Covered	0	0%	0%	0%				9	9	9	)	Χ		
G9078	Onc dx prostate t2no progres	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
G9079	Onc dx prostate t3b-t4noprog	Not Covered	Not Covered	0	0%	0%	0%	9		9	Ū		9	)	X		
	Onc dx prostate w/rise psa	Not Covered	Not Covered	0	0%	0%	0%						_		X		
G9083	Onc dx prostate unknwn nos	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
G9084	Onc dx colon t1-3,n1-2,no pr	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
G9085	Onc dx colon t4, n0 w/o prog	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
G9086	Onc dx colon t1-4 no dx prog	Not Covered	Not Covered	0	0%	0%	0%		9	9	9	9	9	)	X		
G9087	Onc dx colon metas evid dx	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
G9088	Onc dx colon metas noevid dx	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
G9089	Onc dx colon extent unknown	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
G9090	Onc dx rectal t1-2 no progr	Not Covered	Not Covered	0	0%	0%	0%		9	9	9	9	9	)	Χ		
G9091	Onc dx rectal t3 n0 no prog	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
G9092	Onc dx rectal t1-3,n1-2noprg	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
G9093	Onc dx rectal t4,n,m0 no prg	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
G9094	Onc dx rectal m1 w/mets prog	Not Covered	Not Covered	0	0%	0%	0%		9	9	9	9	9	)	Χ		
G9095	Onc dx rectal extent unknwn	Not Covered	Not Covered	0	0%	0%	0%		9	9	9	9	9	)	Χ		
G9096	Onc dx esophag t1-t3 noprog	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
G9097	Onc dx esophageal t4 no prog	Not Covered	Not Covered	0	0%	0%	0%		9	9	9	9	9	)	Χ		
G9098	Onc dx esophageal mets recur	Not Covered	Not Covered	0	0%	0%	0%				9	9	9	)	Χ		
G9099	Onc dx esophageal unknown	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
G9100	Onc dx gastric no recurrence	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
G9101	Onc dx gastric p r1-r2noprog	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
G9102	Onc dx gastric unresectable	Not Covered	Not Covered	0	0%		0%								Χ		
G9103	Onc dx gastric recurrent	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
G9104	Onc dx gastric unknown nos	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
G9105	Onc dx pancreatc p r0 res no	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
G9106	Onc dx pancreatc p r1/r2 no	Not Covered	Not Covered	0	0%		0%						9		Χ		
G9107	Onc dx pancreatic unresectab	Not Covered	Not Covered	0	0%		0%		9	9	9	9	9		Χ		
G9108	Onc dx pancreatic unknwn nos	Not Covered	Not Covered	0	0%	0%	0%		9	9	9	9	9		X		
G9109	Onc dx head/neck t1-t2no prg	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
	Onc dx head/neck t3-4 noprog	Not Covered	Not Covered	0	0%		0%						9		Χ		
G9111	Onc dx head/neck m1 mets rec	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G9112	Onc dx head/neck ext unknown	Not Covered	Not Covered	0	0%	0%	0%		9	9	9	9	9		X		
G9113	Onc dx ovarian stg1a-b no pr	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		



			R VALUE					ODIFIERS									
HCPCS CODE	ABBREVIATED DESCRIPTION	NON-FACILITY SETTING	FACILITY SETTING	FOL UP	PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	<i>PCTC</i> (26/TC)						ENDO BASE	FSI	LIC REQ	PRIOR AUTH
G9114	Onc dx ovarian stg1a-b or 2	Not Covered	Not Covered	0		0%	0%						_		Χ		
G9115	Onc dx ovarian stg3/4 noprog	Not Covered	Not Covered	0		0%	0%					_	9		X		
G9116	Onc dx ovarian recurrence	Not Covered	Not Covered	0	0%	0%	0%				_		9		X		
G9117	Onc dx ovarian unknown nos	Not Covered	Not Covered	0	0%	0%	0%	9					$\overline{}$		X		
G9123	Onc dx cml chronic phase	Not Covered	Not Covered	0		0%	0%						9		X		
G9124	Onc dx cml acceler phase	Not Covered	Not Covered	0		0%	0%			9			_		X		
G9125	Onc dx cml blast phase	Not Covered	Not Covered	0	0%	0%	0%	9					_		X		
G9126	Onc dx cml remission	Not Covered	Not Covered	0	0%	0%	0%	9	9	9			9		X		
G9128	Onc dx multi myeloma stage i	Not Covered	Not Covered	0		0%	0%	_	9	9	1		9		X		
G9129	Onc dx mult myeloma stg2 hig	Not Covered	Not Covered	0		0%	0%								X		<del> </del>
G9130	Onc dx multi myeloma unknown	Not Covered	Not Covered	0	0%	0%	0%	9			_		9		X		
G9131	Onc dx brst unknown nos	Not Covered	Not Covered	0	0%	0%	0%	9					_		X		
G9132	Onc dx prostate mets no cast	Not Covered	Not Covered	0		0%	0%				1		9		X		
G9133	Onc dx prostate clinical met	Not Covered	Not Covered	0		0%	0%						9		X		
G9134	Onc nhlstg 1-2 no relap no	Not Covered	Not Covered	0	0%	0%	0%	9			9		_		X		
G9135	Onc dx nhl stg 3-4 not relap	Not Covered	Not Covered	0	0%	0%	0%	9		9			9		X		
G9136	Onc dx nhl trans to lg bcell	Not Covered	Not Covered	0		0%	0%	Ü	Ů	9	_	,	9		X		
G9137	Onc dx nhl relapse/refractor	Not Covered	Not Covered	0		0%	0%			_			·	_	X		
G9138	Onc dx nhl stg unknown	Not Covered	Not Covered	0	0%	0%	0%	9			_		9		X		
G9139	Onc dx cml dx status unknown	Not Covered	Not Covered	0	0%	0%	0%	9					ŭ		X		
G9140	Frontier extended stay demo	Not Covered	Not Covered	0		0%	0%				1		_		X		
G9143	Warfarin respon genetic test	By Report	By Report	0		0%	0%						_		N		
G9147	Outpt iv insulin tx any mea	By Report	By Report	0	0%	0%	0%	9					_		N		V
G9156	Evaluation for wheelchair	Not Covered	Not Covered	0	0%	0%	0%	9		9			ŭ		X		+
G9157	Transesoph doppl cardiac mon	Not Covered	Not Covered	0		0%	0%			O			Ū		X		
G9187	Bpci home visit	Not Covered	Not Covered	0		0%	0%						Ĭ		X		_
G9188	Beta not given no reason	Not Covered	Not Covered	0	0%	0%	0%	9			_		_		X		
G9189	Beta pres or already taking	Not Covered	Not Covered	0	0%	0%	0%	9		9			9		X		
G9190	Medical reason for no beta	Not Covered	Not Covered	0		0%	0%			Ū			9		X		
G9191	Pt reason for no beta	Not Covered	Not Covered	0		0%	0%						Ŭ		X		_
G9191 G9192	System reason for no beta	Not Covered	Not Covered	0	0%	0%	0%	9					9		X		
G9192 G9196	Med reason for no ceph	Not Covered	Not Covered	0	0%	0%	0%	9	_			_	9		X		$\vdash$
G9190 G9197	Order for ceph	Not Covered	Not Covered	0			0%						Ū		X		
G9197 G9198	No order for ceph no reason	Not Covered	Not Covered	0			0%						_		X		+
G9198 G9212	Doc of dsm-iv init eval		Not Covered	0	0%	0%	0%								X		_
G9212 G9213	No doc of dsm-iv	Not Covered	Not Covered	0	0%	0%	0%						-		X		$\vdash$
		Not Covered		0													
G9223	Pjp proph ordered cd4 low	Not Covered	Not Covered	0			0% 0%						_		X X		<del>                                     </del>
G9225	Norsn no foot exam  3 comp foot exam completed	Not Covered	Not Covered	0									9				
G9226		Not Covered	Not Covered	0	0%	0%	0%						9		X		
G9227	Foa doc, care plan not doc	Not Covered	Not Covered	0	0%	0%	0%						9		X		
G9228	Gc chl syp documented	Not Covered	Not Covered	0			0%						_		X		4
G9229	Ptrsn no gc chl syp test	Not Covered	Not Covered	0			0%						_		X		
G9230	Norsn for gc chl syp test	Not Covered	Not Covered	0	0%	0%	0%						_		X		$\blacksquare$
G9231	Doc esrd dia trans preg	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		



		DOLLA	R VALUE					ODIFIERS									
HCPCS		NON-FACILITY	FACILITY			INTRA OP							TSI	ENDO			PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)		÷	<u> </u>	÷	÷	÷	BASE	FSI	LIC REQ	AUTH
G9232	Ptrsn no comm comorbid	Not Covered	Not Covered	0	0%	0%	0%								X		
G9239	Doc rsn hemod & cath acc	Not Covered	Not Covered	0	0%	0%	0%				4		9	)	Χ		
G9240	Doc pt w cath maint dia	Not Covered	Not Covered	0	0%	0%	0%			9	9	9	9	)	X		
G9241	Doc pt w out cath maint dia	Not Covered	Not Covered	0	0%	0%	0%				_		9	)	X		
G9242	Doc viral load >=200	Not Covered	Not Covered	0	0%	0%	0%				_		9		X		
G9243	Doc viral load <200	Not Covered	Not Covered	0	0%	0%	0%				9	9	9	)	Χ		
G9246	No med visit in 24mo	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
G9247	1 med visit in 24mo	Not Covered	Not Covered	0	0%	0%	0%	9			·		9	)	X		
G9250	Doc of pain comfort 48hr	Not Covered	Not Covered	0	0%	0%	0%				_		9	)	X		
G9251	Doc no pain comfort 48hr	Not Covered	Not Covered	0	0%	0%	0%				9	9	9	)	Χ		
G9254	Doc pt dischg >2d	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G9255	Doc pt dischg <=2d	Not Covered	Not Covered	0	0%	0%	0%	9		9	Ū		9		X		
G9256	Doc of pat death after cas	Not Covered	Not Covered	0	0%	0%	0%								X		
G9257	Doc of pat stroke after cas	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G9258	Doc of pat stroke after cea	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G9259	Survive/no stroke post cas	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G9260	Doc of pat death after cea	Not Covered	Not Covered	0	0%	0%	0%		9	9	9	9	9		Χ		
G9261	Survive/no stroke post cea	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G9262	Doc of death post-aaa repair	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G9263	Doc of disch post-aaa repair	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G9264	Doc rsn hemod w/cath >=90d	Not Covered	Not Covered	0	0%	0%	0%		9	9	9	9	9		X		
G9265	Doc cath >90d for maint dia	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G9266	Norsn pt cath >=90d	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G9267	Doc comp or mort w in 30d	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G9268	Doc comp or mort w in 90d	Not Covered	Not Covered	0	0%	0%	0%		9	9	9	9	9		Χ		
G9269	Doc no comp or mort w in 30d	Not Covered	Not Covered	0	0%	0%	0%		9	9	9	9	9		Χ		
G9270	Doc no comp or mort w in 90d	Not Covered	Not Covered	0	0%	0%	0%		9	9	9	9	9		X		
G9273	Sys<140 and dia<90	Not Covered	Not Covered	0	0%	0%	0%		9	9	9	9	9		X		
G9274	Bp out of nrml limits	Not Covered	Not Covered	0	0%	0%	0%				9	9	9		X		
G9275	Doc of non tobacco user	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G9276	Doc of tobacco user	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G9277	Doc daily aspirin or contra	Not Covered	Not Covered	0	0%	0%	0%			9	·		9		X		
G9278	Doc no daily aspirin	Not Covered	Not Covered	0			0%								X		
G9279	Pne scrn done doc vac done	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G9280	Pne not given norsn	Not Covered	Not Covered	0	0%	0%	0%		9	9	9	9	9	)	X		
G9281	Pne scrn done doc not ind	Not Covered	Not Covered	0	0%	0%	0%		9	9	9	9	9		X		
G9282	Doc medrsn no histo type	Not Covered	Not Covered	0	0%	0%	0%						9	)	Χ		
G9283	Hist type doc on report	Not Covered	Not Covered	0	0%	0%	0%		9	9	9	9	9		Χ		<u> </u>
G9284	No hist type doc on report	Not Covered	Not Covered	0	0%	0%	0%		9	9	9	9	9		X		
G9285	Site not small cell lung ca	Not Covered	Not Covered	0	0%	0%	0%		9	9	•		9		X		
G9286	Antibio rx w in 10d of sympt	Not Covered	Not Covered	0	0%	0%	0%						9		Χ		<u> </u>
G9287	No antibio w in 10d of sympt	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		<u> </u>
G9288	Doc medrsn no hist type rpt	Not Covered	Not Covered	0	0%	0%	0%						9		X		
G9289	Doc type nsm lung ca	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		



		DOLLAF	R VALUE					ODIFIERS									
HCPCS		NON-FACILITY	FACILITY			INTRA OP								ENDO			PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)	(26/TC)	(-51)	(-50)	(-80)	(-62)	(-66)	BASE	FSI	LIC REQ	AUTH
G9290	No doc type nsm lung ca	Not Covered	Not Covered	0	0%		0%	9	9	9	9	9	9		Χ		
G9291	Not nsm lung ca	Not Covered	Not Covered	0	0,0	0%	0%	9	9	9	9	9	9		Χ		
G9292	Medrsn no pt category	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G9293	No pt category on report	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G9294	Pt cat and thck on report	Not Covered	Not Covered	0	0,0	0%	0%	9			9	9	9		Χ		
G9295	Non cutaneous loc	Not Covered	Not Covered	0		0%	0%	9		9	9	9	9		Χ		
G9296	Doc share dec prior proc	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G9297	No doc share dec prior proc	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G9298	Eval risk vte card 30d prior	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G9299	No eval riskk vte card prior	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G9300	Doc medrsn no compl antibio	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G9301	Doc compl inf antibio	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G9302	Norsn incomp inf antibio	Not Covered	Not Covered	0	0,0	0%	0%	9	9	9	9	9	9		Χ		
G9303	Norsn no pros info op rpt	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G9304	Pros info op rpt	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G9305	No interv req for leak	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G9306	Interv req for leak	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G9307	No ret for surg w in 30d	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G9308	Unpl ret or w/compl w/in 30d	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G9309	No unplnd hosp readm in 30d	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G9310	Unplnd hosp readm in 30d	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G9311	No surg site infection	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Х		
G9312	Surgical site infection	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G9313	Amoxic not presc as 1st line	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Х		
G9314	Norsn not first line amox	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Х		
G9315	Doc first line amox	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G9316	Doc comm risk calc	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G9317	No doc comm risk calc	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G9318	Image std nomenclature	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Х		
G9319	Image not std nomenclature	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G9321	Doc count of ct in 12mo	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G9322	No doc count of ct in 12mo	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G9326	Ct done no rad ds index, nrg	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G9327	Ct done rad ds index	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Х		
G9329	Norsn no dicom format doc	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G9340	Dicom format doc on rpt	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G9341	Srch for ct w in 12 mos	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Х		
G9342	No srch for ct in 12mo norsn	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G9344	Sysrsn no dicom srch	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G9345	Follow up pulm nod	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G9347	No follow up pulm nod norsn	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G9348	Doc rsn for ord ct scan	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G9349	Ct within 28 days	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G9350	No doc sinus ct 28d or dx	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		



			R VALUE					ODIFIERS									
HCPCS CODE	ABBREVIATED DESCRIPTION	NON-FACILITY SETTING	FACILITY SETTING	FOL UP	PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	<i>PCTC</i> (26/TC)						ENDO BASE	FSI	LIC REQ	PRIOR AUTH
G9351	Doc >1 sinus ct w 90d dx	Not Covered	Not Covered	T 0		0%	0%								X	2.0 1.2 <	7.0777
G9352	Not >1 sinus ct w 90d dx	Not Covered	Not Covered	0		0%	0%			9			_		X		
G9352 G9353	Medrsn >1 sinus ct w 90d dx	Not Covered	Not Covered	0	0%	0%	0%	9			_		9		X		
G9354	1 or no ct sinus w/in 90d dx	Not Covered	Not Covered	0	0%	0%	0%	9							X		
G9355	No early ind/delivery	Not Covered	Not Covered	0	0%	0%	0%						_		X		
G9356	Early ind/delivery	Not Covered	Not Covered	0		0%	0%			9			9		X		_
G9357	Pp eval/edu perf	Not Covered	Not Covered	0	0%	0%	0%	9		9	_		_		X		
G9358	Pp eval/edu not perf	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	_		9		X		
G9359	Neg mgd pos tb notact	Not Covered	Not Covered	0	0%	0%	0%	_	_	O			9		X		
G9360	No doc of neg or man pos tb	Not Covered	Not Covered	0	0%	0%	0%						_ ĭ		X		<del> </del>
G9361	Doc rsn elect c-sec/induct	Not Covered	Not Covered	0	0%	0%	0%	9					9		X		
		Not Covered		0	0%	0%	0%	9							<u> </u>		
G9364	Sinus caus bac inx		Not Covered Not Covered	0	0% 0%	0%	0% 0%						Ŭ		X		
G9365	1high risk med ord	Not Covered	Not Covered Not Covered	0		0%	0%								X		<del>                                     </del>
G9366	1high risk no ord	Not Covered		0									_		Λ ∨		
G9367	>= 2 same hi-rsk med ord	Not Covered	Not Covered	0	0%	0%	0%	9					9		<u>Λ</u>		
G9368	>= 2 same hi-rsk med not ord	Not Covered	Not Covered	0	0%	0%	0%	9	Ů	9	J	•	J		X		
G9380	Off assis eol iss	Not Covered	Not Covered	0	0,0	0%	0%			9			Ĭ		X		
G9382	No off assis eol	Not Covered	Not Covered	0	0%	0%	0%			9			, ,		X		
G9383	Recd scrn hcv infec	Not Covered	Not Covered	0	0%	0%	0%	9			Ŭ		9		X		
G9384	Doc med rsn no hcv scrn	Not Covered	Not Covered	0	0%	0%	0%	9			Ū		U		X		
G9385	Doc pt reas not rec hcv srn	Not Covered	Not Covered	0	0%	0%	0%								X		
G9386	Scrn hcv infec not recd	Not Covered	Not Covered	0		0%	0%								Χ		
G9389	Unpln rup post cap	Not Covered	Not Covered	0	0%	0%	0%	9			·				X		
G9390	No unpln rup post cap	Not Covered	Not Covered	0	0%	0%	0%	9		9	0		9		X		
G9393	Ini phq9 >9 remiss <5	Not Covered	Not Covered	0	0%	0%	0%								Χ		
G9394	Dx bipol, death, nhres, hosp	Not Covered	Not Covered	0	0%	0%	0%				_				X		
G9395	Ini phq9 >9 no remiss >=5	Not Covered	Not Covered	0	0%	0%	0%	9			Ŭ		9		X		
G9396	Ini phq9 >9 not assess	Not Covered	Not Covered	0	0%	0%	0%	9		9	U		9		X		
G9399	Doc disc tx choices	Not Covered	Not Covered	0	0%	0%	0%						ı		X		
G9400	Doc reas no disc tx opt	Not Covered	Not Covered	0	0%	0%	0%	9					9		X		
G9401	No disc tx choices	Not Covered	Not Covered	0	0%	0%	0%	9	9	9			9		X		
G9402	Recd f/u w/in 30d disch	Not Covered	Not Covered	0	0%	0%	0%	9			U		9		X		
G9403	Doc reas no 30 day f/u	Not Covered	Not Covered	0			0%								X		
G9404	No 30 day f/u	Not Covered	Not Covered	0		0%	0%						9		Χ		
G9405	Recd f/u w/in 7d dc	Not Covered	Not Covered	0	0%	0%	0%				9	9	9		Χ		
G9406	Doc reas no 7d f/u	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G9407	No 7d f/u	Not Covered	Not Covered	0			0%						9		Χ		
G9408	Card tamp w/in 30d	Not Covered	Not Covered	0		0%	0%		9	9	9	9	9		Χ		
G9409	No card tamp e/in 30d	Not Covered	Not Covered	0	0%	0%	0%			9			9		Χ		
G9410	Admit w/in 180d req remov	Not Covered	Not Covered	0	0%	0%	0%		9	9	9	9	9		Χ		
G9411	No admit w/in 180d req remov	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G9412	Admit w/in 180d req surg rev	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G9413	No admit req surg rev	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G9414	1dose menig vac btwn 11 & 13	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		



		DOLLAI	R VALUE					ODIFIERS									
HCPCS CODE	ABBREVIATED DESCRIPTION	NON-FACILITY SETTING	FACILITY SETTING	FOL UP	PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	<i>PCTC</i> (26/TC)						ENDO BASE	FSI	LIC REQ	PRIOR AUTH
G9415	No 1dose meni vac btwn 11&13	Not Covered	Not Covered	0.		0%	0%								X	2.0 1.2 <	7.07
G9416	Pt 1 tdap betw 10-13 yrs	Not Covered	Not Covered	0		0%	0%			9		_	_		X		
G9417	Pt not 1 tdap betw 10-13 yrs	Not Covered	Not Covered	0	0%	0%	0%	9			_				X		
G9418	Lungcx bx rpt docs class	Not Covered	Not Covered	0	0%	0%	0%	9							X		
G9419	Med reas not incl histo type	Not Covered	Not Covered	0		0%	0%				1		_		X		
G9420	Spec site no lung	Not Covered	Not Covered	0		0%	0%			9			9		X		<del>                                     </del>
G9421	Lung cx bx rpt no doc class	Not Covered	Not Covered	0	0%	0%	0%	9					_		X		
G9422	Rpt doc class histo type	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	_	_	9		X		
G9423	Med reas rpt no histo type	Not Covered	Not Covered	0		0%	0%	_	_	O			9		X		
G9424	Site no lung or lung cx	Not Covered	Not Covered	0		0%	0%						_ ĭ		X		<del>                                     </del>
G9425	Spec rpt no doc class histo	Not Covered	Not Covered	0	0%	0%	0%	9			_		9		X		
G9426	Impr med time edarr pain med	Not Covered	Not Covered	0	0%	0%	0%	9							Y		
G9427	No impro med time pain med	Not Covered	Not Covered	0		0%	0%				1		Ŭ		X		_
G9428	Patho rpt incl pt ctg	Not Covered	Not Covered	0		0%	0%								X		<del>                                     </del>
G9429	Doc med rsn no pt cat	Not Covered	Not Covered	0	0%	0%	0%	9			_		_		X		
G9430	Spec site no cutaneous	Not Covered	Not Covered	0	0%	0%	0%	9		9			9		X		
G9431	Patho rpt no pt ctg	Not Covered	Not Covered	0		0%	0%	Ü	Ů	9	_	,	9		X		
G9432	Asth controlled	Not Covered	Not Covered	0		0%	0%			9			Ĭ		X		
G9434	Asth not controlled	Not Covered	Not Covered	0	0%	0%	0%	9		Ť			9		X		
G9448	Born 1945-1965	Not Covered	Not Covered	0	0%	0%	0%	9							X		
G9449	Hx bld transf b/f 1992	Not Covered	Not Covered	0		0%	0%				1		_		X		
G9449 G9450	Hx injec drug use	Not Covered	Not Covered	0		0%	0%								X		1
G9451	1x scrn hcv infect	Not Covered	Not Covered	0	0%	0%	0%	9					_		X		
G9451 G9452	Doc med reas no scrn hcv	Not Covered	Not Covered	0	0%	0%	0%	9		9			9		X		$\vdash$
G9452 G9453	Pt reas no hcv infect	Not Covered	Not Covered	0		0%	0% 0%	_		O			Ŭ		X		
G9453 G9454	No scr hcv inf 12 mth rp		Not Covered	0		0%	0%								X		<del> </del>
G9454 G9455	Abd imag w/us, ct or mri	Not Covered Not Covered	Not Covered	0	0%	0%	0%	9			_		_		X		4
G9456	Doc med pt reas no hcc scrn	Not Covered	Not Covered	0	0%	0%	0%	9		9			9		X		_
G9456 G9457	Pt no abd img no doc rsn	Not Covered	Not Covered	0		0%	0%						9		X		
	Tob user recd cess interv			0		0%	0%	9					, i		X		-
G9458 G9459	Tob non-user	Not Covered  Not Covered	Not Covered Not Covered	0	0%	0%	0%	9					9		X		
G9459 G9460	No tob assess or cess inter	Not Covered	Not Covered	0	0%	0%	0%	9				_	9		X		
G9468	No recd cortico>=10mg/d >60d	Not Covered	Not Covered	0			0%								X		
G9469	Rec cortico>90d or 1rx 900mg		Not Covered	0			0%								X		-
G9469 G9470	No rec cortico>60d 1rx 600mg	Not Covered		0	0%	0%	0%										
	W/in 2yr dxa not order	Not Covered	Not Covered	0	0%	0%							9		X X		_
G9471		Not Covered	Not Covered	0			0%						9				
G9473	Chap services at hospice	Not Covered	Not Covered	0			0% 0%						9		X X		<del>                                     </del>
G9474	Diet counsel at hospice	Not Covered	Not Covered	0									9				
G9475	Other counselor at hospice	Not Covered	Not Covered	0	0%	0%	0%				9		9		X		
G9476	Volun service at hospice	Not Covered	Not Covered	0	0%	0%	0%						9		X		
G9477	Care coord at hospice	Not Covered	Not Covered	0			0%								X		4
G9478	Othe therapist at hospice	Not Covered	Not Covered	0			0%								X		
G9479	Pharmacist at hospice	Not Covered	Not Covered	0	0%	0%	0%						_		X		
G9480	Admission to mccm	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		



		DOLLAF	R VALUE					ODIFIERS									
HCPCS		NON-FACILITY	FACILITY			INTRA OP							TSI	ENDO			PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)						(-66)	BASE	FSI	LIC REQ	AUTH
G9497	Rec inst no smoke day surg	Not Covered	Not Covered	0	0%	0%	0%						9	)	Χ		
G9498	Abx reg prescribed	Not Covered	Not Covered	0	0%	0%	0%			9	9	9	9	)	Χ		
G9500	Rad expos ind/exp tm doc	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
G9501	Rad expos ind/exp tm no doc	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
G9502	Med reas no perf foot exam	Not Covered	Not Covered	0	0%	0%	0%				_		9	)	Χ		
G9503	Pt tk tams hcl	Not Covered	Not Covered	0	0%	0%	0%			9	9	9	9	)	Χ		
G9504	Doc rsn hep b stat not asses	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
G9505	Abx pres w/in 10 dys of symp	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	U		9	)	X		
G9506	Bio imm resp mod presc	Not Covered	Not Covered	0	0%	0%	0%		9	9	9	9	9	)	Χ		
G9507	Doc reas on statin or contra	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
G9508	Doc pt not on statin	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
G9509	Adit mdd dys rem 12 mnths	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
G9510	Remis12m not phq-9 score <5	Not Covered	Not Covered	0	0%	0%	0%						_		Χ		
G9511	ldx evt dte phq>9 doc 12 mo	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G9512	Indiv pdc > 0.8	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
G9513	Indiv pdc not > 0.8	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
G9514	Req ret or w/in 90d of surg	Not Covered	Not Covered	0	0%	0%	0%		9	9	9	9	9	)	Χ		
G9515	No reas, no ret or w/in 90d	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
G9516	Impr vis acuit w/in 90d	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
G9517	No impr vis acuit w/in 90d	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
G9518	Doc active inj drug use	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
G9519	Final ref +/- 1.0 w/in 90d	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
G9520	Refract not +/- 1.0 w/in 90d	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
G9521	Er and ip hosp <2 in 12 mos	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
G9522	Er/ip hosp =/>2 in 12 mos	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
G9523	D/c hemo or perit dialysis	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
G9524	Refer to hospice	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
G9525	Doc pt reas no hospice refer	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
G9526	No reason, no refer hospice	Not Covered	Not Covered	0	0%	0%	0%		9	9	9	9	9	)	Χ		
G9529	Minor blunt trauma w/head ct	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
G9530	Pt mbht hd ct ord ec prov	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
G9531	Pt doc	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
G9532	Pt hd ct ord	Not Covered	Not Covered	0			0%	9					9	)	Χ		
G9533	Indic for head ct not valid	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
G9537	Doc sysm rsn img hd	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
G9539	Intent pot remv time placemt	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
G9540	Pt alive 3 mos post proc	Not Covered	Not Covered	0	0%	0%	0%		9	9	9	9	9	)	Χ		
G9541	Filter rem 3 mon plmt	Not Covered	Not Covered	0	0%	0%	0%		9	9	9	9	9		Χ		
G9542	Doc reass appr remo filt 3ms	Not Covered	Not Covered	0	0%	0%	0%		9	9	9	9	9		X		
G9543	Doc 2x re-assess filt remov	Not Covered	Not Covered	0	0%	0%	0%		9	9	•		9		X		
G9544	No filt remov w/in 3mos plcm	Not Covered	Not Covered	0	0%	0%	0%						9		Χ		
G9547	Cys ren les or adren	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G9548	No f/u rec image study	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G9549	Doc med rsn for f/u imag	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		



		_	R VALUE					ODIFIERS									
HCPCS CODE	ABBREVIATED DESCRIPTION	NON-FACILITY SETTING	FACILITY SETTING	FOL UP	PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	<i>PCTC</i> (26/TC)						ENDO BASE	FSI	LIC REQ	PRIOR AUTH
	_			_												LIONEQ	70111
G9550	Imag rec	Not Covered	Not Covered	0		0%	0%						Ŭ		X		4
G9551	Imag no les	Not Covered	Not Covered	0		0%	0%			9	_	_	9				
G9552	Inc thyr node <1.0 in rpt	Not Covered	Not Covered	0	0%	0%	0%				Ū		9		X		$\blacksquare$
G9553	Prior thyroid dise dx	Not Covered	Not Covered	0	0%	0%	0% 0%	9			Ū		9		X V		
G9554	Ct/cta/mri/a chst foll rec	Not Covered	Not Covered	0		0%	0%						Ŭ		X		4
G9555	Doc med rsn for follup image	Not Covered	Not Covered	0		0%				9		_	9				
G9556	Ct/cta/mri/a no follup imag	Not Covered	Not Covered	0	0%	0%	0%	9		9	_		9		X		$\blacksquare$
G9557	Ct/cta/mri/a no thyr <1.0cm	Not Covered	Not Covered	0	0%	0%	0%	9	9	O	O		9		X		
G9558	Tx beta-lactam abx therapy	Not Covered	Not Covered	0	0,0	0%	0%				_		9		X		4
G9559	Doc med reas no abx therapy	Not Covered	Not Covered	0	0,0	0%	0%					_	9		X		
G9560	No beta-lactam abx ther, rng	Not Covered	Not Covered	0	0%	0%	0%	9			Ŭ		9		X		lacksquare
G9561	Presc opiates >6 wks	Not Covered	Not Covered	0	0%	0%	0%	9			Ŭ		9		X		
G9562	Foll-up eval q3mo opiod tx	Not Covered	Not Covered	0		0%	0%				_		9		X		<u> </u>
G9563	No f/u eval q3mo opiod tx	Not Covered	Not Covered	0		0%	0%					_			X		
G9573	Adl pt md or dys rem 6 mon	Not Covered	Not Covered	0	0%	0%	0%	9			9		9		X		
G9574	Adl pt md dys no rem 6 mon	Not Covered	Not Covered	0	0%	0%	0%	9	Ů	9	J	•	9		X		
G9577	Presc opiates >6 wks	Not Covered	Not Covered	0	0,0	0%	0%			9			9		Χ		
G9578	Doc opioid tx 1x during ther	Not Covered	Not Covered	0		0%	0%				_		9		X		
G9579	No doc opioid tx 1x at ther	Not Covered	Not Covered	0	0%	0%	0%	9			Ŭ		9		X		
G9580	Door to punc time <2hrs	Not Covered	Not Covered	0	0%	0%	0%	9			Ū		9		X		
G9582	Door to punc time >2hr, nrg	Not Covered	Not Covered	0	0,0	0%	0%						9		X		
G9583	Presc opiates >6 wks	Not Covered	Not Covered	0		0%	0%						9		Χ		
G9584	Eval opioid use instr/pt int	Not Covered	Not Covered	0	0%	0%	0%	9		9	_		9		X		
G9585	No eval opi use instr/intv	Not Covered	Not Covered	0	0%	0%	0%	9		9	O		9		X		
G9593	Low pecarn ped head trauma	Not Covered	Not Covered	0	- , ,	0%	0%								Χ		
G9594	Pt mbht hd ct ord ec prov	Not Covered	Not Covered	0		0%	0%				9	9	9		Χ		
G9595	Doc shnt/tum/coag	Not Covered	Not Covered	0	0%	0%	0%	9		9	Ū		9		X		
G9596	Ped pt hd ct ord	Not Covered	Not Covered	0	0%	0%	0%	9		9	Ū		9		Χ		
G9597	No low pecarn ped head traum	Not Covered	Not Covered	0	0,0	0%	0%				_		9		Χ		
G9598	Aor ane 5.5-5.9 cm max diam	Not Covered	Not Covered	0	0,0	0%	0%			9	9	9	9		Χ		
G9599	Aor ane >=6.0 cm max diam	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G9600	Symp aaa urgent repair	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G9601	Pt dchg home post op day 7	Not Covered	Not Covered	0			0%						9		Χ		
G9602	Pt no dchg home postop day 7	Not Covered	Not Covered	0		0%	0%	9	9	9	9	9	9		Χ		
G9603	Pt surv improv bsline tx	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G9604	Pt surv results not avail	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G9605	Surv score no improv w/tx	Not Covered	Not Covered	0			0%						9		Χ		
G9606	Intraop cyst eval trac inj	Not Covered	Not Covered	0	0%	0%	0%		9	9	9	9	9		Χ		
G9607	Doc med rsn not perf cystosc	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G9608	Intraop cyst eval not done	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G9609	Doc order anti-plat	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G9610	Doc md rsn no antipla	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G9611	No doc order anti-plat rng	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G9612	Phodoc 2 mr cec Indmk	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		



			R VALUE					ODIFIERS									
HCPCS CODE	ABBREVIATED DESCRIPTION	NON-FACILITY SETTING	FACILITY SETTING	FOL UP	PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	<i>PCTC</i> (26/TC)						ENDO BASE	FSI	LIC REQ	PRIOR AUTH
G9613	Doc post surg anatomy	Not Covered	Not Covered	0.		0%	0%						_		X		710111
G9614	Photodoc < 2 cec Indmk	Not Covered	Not Covered	0		0%	0%					_	_		X		-
G9615	Pre-op asst doc	Not Covered	Not Covered	0	0%	0%	0%	9			_		_		X		
G9616	Doc rsn no preop assmt	Not Covered	Not Covered	0	0%	0%	0%	9							Y		
G9617	Pre-op asst not doc, rng	Not Covered	Not Covered	0		0%	0%						Ū		X		
G9618	Doc scr uter mal or us/samp	Not Covered	Not Covered	0		0%	0%			9			9		X		1
G9620	No scr utr malig/us/samp rng	Not Covered	Not Covered	0	0%	0%	0%	9							X		
G9621	Scr unheal etoh w/counsel	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	_	_	9		X		
G9622	No unheal etoh user	Not Covered	Not Covered	0		0%	0%	_	•	O	U		9		X		
	Doc med rsn no scr etoh use	Not Covered	Not Covered	0		0%	0%						_		X		4
G9623			Not Covered	0		0%	0%						_				
G9624	Pt not scrn or no counseling	Not Covered		0	0%			9			Ŭ		9		X		
G9625	Pt bl srg 30 day pst srg	Not Covered	Not Covered	0	0%	0%	0%	9			Ŭ		Ū		<b>∧</b>		
G9626	Med rsn no rpt baldder inj	Not Covered	Not Covered	0		0%	0%				_		Ŭ		X		4
G9627	Pt no bl srg 30 day pst srg	Not Covered	Not Covered	0		0%	0%						_		X		
G9628	Pt bwli srg 30 day pst srg	Not Covered	Not Covered	0	0%	0%	0%	9			9		9		X		
G9629	Med rsn no rpt bowel inj	Not Covered	Not Covered	0	0%	0%	0%	9	Ů	9	J	•	9		X		
G9630	Pt no bwli srg 30 day srg	Not Covered	Not Covered	0	0,0	0%	0%			9			9		X		4
G9631	Pt ui srg 30 day pst srg	Not Covered	Not Covered	0		0%	0%				_		Ť		X		4
G9632	Med rsn for no rpt uret inj	Not Covered	Not Covered	0	0%	0%	0%	9			Ŭ		9		X		
G9633	Pt no ui srg 30 day pst srg	Not Covered	Not Covered	0	0%	0%	0%	9			Ū		U		X		
G9634	Qual life tool 2x same/impr	Not Covered	Not Covered	0		0%	0%						Ŭ		X		
G9635	No doc rsn do qual life assm	Not Covered	Not Covered	0		0%	0%						Ţ		X		
G9636	No life asst 2x same/decr	Not Covered	Not Covered	0	0%	0%	0%	9		9	_		9		X		
G9637	Doc >1 dose reduc tech	Not Covered	Not Covered	0	0%	0%	0%	9		9	O		9		X		
G9638	No doc >1 dose reduc tech	Not Covered	Not Covered	0		0%	0%						9		X		
G9639	Amp no reqd in48h ieler proc	Not Covered	Not Covered	0		0%	0%				9	9	9		Χ		
G9640	Doc plan hybrid/stage proc	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G9641	Amp reqd w/in 48h ieler proc	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G9642	Current smoker	Not Covered	Not Covered	0	0,0	0%	0%		9	9	9	9	9		X		
G9643	Elective surgery	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G9644	No smok b/4 anes day of surg	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G9645	Had smoke b/4 anes day surg	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G9646	Pt w/90d mrs 0-2	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G9647	No mrs score in 90d followup	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G9648	Pt w/90d mrs >2	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G9649	Psor as doc spc bm	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G9651	Psor as doc no spc bm	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G9654	Mon anesth care	Not Covered	Not Covered	0			0%						9		X		
G9655	Toc tool incl key elem	Not Covered	Not Covered	0	0%	0%	0%						9		X		
G9656	Pt trans from anest to pacu	Not Covered	Not Covered	0	0%	0%	0%						9		X		
G9658	Toc tool incl elem not used	Not Covered	Not Covered	0		0%	0%				-		9		X		
G9659	>85y no hx colo ca/rsn scope	Not Covered	Not Covered	0			0%								X		
G9660	Doc med rsn scope pt >85y	Not Covered	Not Covered	0	0%	0%	0%								X		
G9661	>85y scope othr rsn	Not Covered	Not Covered	0		0%	0%						_		X		
00001	200y 300pc ouri Tall	140t Odvered	1401 OOVERED	U	0 /0	0 /0	0 /0	9	9	9	9	9	3		/\		



			R VALUE					ODIFIERS									
HCPCS CODE	ABBREVIATED DESCRIPTION	NON-FACILITY SETTING	FACILITY SETTING	FOL UP	PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	<i>PCTC</i> (26/TC)						ENDO BASE	FSI	LIC REQ	PRIOR AUTH
G9662	Prior dx/active clin ascvd	Not Covered	Not Covered	0		0%	0%						_		Χ		
G9663	Fast/dir ldl <= 190 mg/dl	Not Covered	Not Covered	0		0%	0%						_		X		
G9664	Taking statin or rec'd order	Not Covered	Not Covered	0	0%	0%	0%				_				X		
G9665	No statin/no order statin	Not Covered	Not Covered	0	0%	0%	0%	9					$\overline{}$		X		
G9666	Fas/dir Idl 70-189mg/dl mst	Not Covered	Not Covered	0	0%	0%	0%						Ŭ		X		
G9668	DOC MED RSN NO STAT TX/PRE		Not Covered	0		0%	0%			9			Ŭ		X		
G9674	Pt w/clin ascvd dx	Not Covered	Not Covered	0	0%	0%	0%	9					_		X		
G9675	Pt w/fast/dir lab ldl-c >190	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	·		9		X		
G9676	40-75y w/type 1/2 w/ldl-c rs	Not Covered	Not Covered	0	0%	0%	0%	_	•	O	U		9		X		
G9687	Hospice anytime msmt per	Not Covered	Not Covered	0	0%	0%	0%						_		X		+
G9688	Pt w/hosp anytime msmt per	Not Covered	Not Covered	0	0%	0%	0%	9			_		9		X		
G9689	Inpt elect carotid intervent	Not Covered	Not Covered	0	0%	0%	0%	9					_		X		
G9690	Pt in hos	Not Covered	Not Covered	0	0%	0%	0%						Ŭ		X		
G9691	Pt hosp dur msmt period	Not Covered	Not Covered	0		0%	0%								X		
G9692	Hosp recd by pt dur msmt per	Not Covered	Not Covered	0	0%	0%	0%	9			9		_		X		
G9693	Pt use hosp during msmt per	Not Covered	Not Covered	0	0%	0%	0%	9		9	_		9		X		
G9694	Hosp srv used pt in msmt per	Not Covered	Not Covered	0		0%	0%	Ü	Ů	9		•	9		X		
G9695	Long act inhal bronchdil pre	Not Covered	Not Covered	0	0%	0%	0%			9			<b>⊢</b> ~	_	X		+
G9696	Med rsn no presc bronchdil	Not Covered	Not Covered	0	0%	0%	0%	9					9		X		
G9697	Pt rsn no presc bronchdil	Not Covered	Not Covered	0	0%	0%	0%	9					ŭ		<u> </u>		
G9698	Sys rsn no presc bronchdil	Not Covered	Not Covered	0	0%	0%	0%						_		X		
G9699	Long inhal bronchdil no pres	Not Covered	Not Covered	0		0%	0%						_		X		4
	· ·		Not Covered	0	0%	0%	0%	9							X		
G9700	Pt is w/hosp during msmt per	Not Covered		0						9			9		X		
G9701	Child anbx 30 prior dx estab	Not Covered	Not Covered	0	0%	0%	0%	9		O	0		U		, · ·		
G9702	Pt use hosp during msmt per	Not Covered	Not Covered	0	0%	0%	0%								X		
G9703	Child anbx 30 prior dx phary	Not Covered	Not Covered	0	0%	0%	0%								X		
G9704	Ajcc br ca stg i: t1 mic/t1a	Not Covered	Not Covered	0	0%	0%	0%	9			Ŭ		9		X		
G9705	Ajcc br ca stg ib	Not Covered	Not Covered	0	0%	0%	0%	9		9	Ū		9		X		
G9706	Low recur prost ca	Not Covered	Not Covered	0	0%	0%	0%						Ŭ		X		
G9707	Pt had hosp dur msmt per	Not Covered	Not Covered	0	0%	0%	0%						_		X		
G9708	Bilat mast/hx bi /unilat mas	Not Covered	Not Covered	0	0%	0%	0%	9	_				9		X		
G9709	Hosp srv used pt in msmt per	Not Covered	Not Covered	0	0%	0%	0%	9			Ū		9		X		
G9710	Pt prov hosp srv msmt per	Not Covered	Not Covered	0			0%								X		
G9711	Pt hx tot col or colon ca	Not Covered	Not Covered	0			0%						_		X		
G9712	Doc med rsn presc anbx	Not Covered	Not Covered	0	0%	0%	0%						_		X		
G9713	Pt use hosp during msmt per	Not Covered	Not Covered	0	0%	0%	0%						_		X		
G9714	Pt is w/hosp during msmt per	Not Covered	Not Covered	0			0%								X		
G9715	Pt w/hosp anytime msmt per	Not Covered	Not Covered	0			0%						9		X		
G9716	Bmi doc onl fup not cmpltd	Not Covered	Not Covered	0	0%	0%	0%						9		X		
G9717	Doc pt dx dep/bp f/u nt req	Not Covered	Not Covered	0	0%	0%	0%						9		X		
G9718	Hospice anytime msmt per	Not Covered	Not Covered	0			0%						_		X		
G9719	Pt not ambul/immob/wc	Not Covered	Not Covered	0			0%						_		X		
G9720	Hospice anytime msmt per	Not Covered	Not Covered	0	0%	0%	0%								X		
G9721	Pt not ambul/immob/wc	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		



		DOLLA	R VALUE					ODIFIERS									
HCPCS	4555514455555555	NON-FACILITY	FACILITY			INTRA OP							TSI	ENDO			PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)							BASE	FSI	LIC REQ	AUTH
G9722	Doc hx renal fail or cr+ >4	Not Covered	Not Covered	0	0%	0%	0%								X		
G9723	Hosp recd by pt dur msmt per	Not Covered	Not Covered	0	0%	0%	0%					_	9	)	Χ		
G9724	Pt w/doc use anticoag mst yr	Not Covered	Not Covered	0	0%	0%	0%	9		9			9	)	X		
G9725	Pt w/hosp anytime msmt per	Not Covered	Not Covered	0	0%	0%	0%	9			_		9	)	X		
G9726	Refused to participate	Not Covered	Not Covered	0	0%	0%	0%				_		9	)	Χ		
G9727	Pt unable cmplt knee fs prom	Not Covered	Not Covered	0	0%	0%	0%						9	)	Χ		
G9728	Refused to participate	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
G9729	Pt unbl cmplt hip fs prom	Not Covered	Not Covered	0	0%	0%	0%	9			U		9	)	X		
G9730	Refused to participate	Not Covered	Not Covered	0	0%	0%	0%					_	9	)	X		
G9731	Pt unbl cmplt ft/ank fs prom	Not Covered	Not Covered	0	0%	0%	0%				9	9	9	)	Χ		
G9732	Refused to participate	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G9733	Pt unbl cmplt lb fs prom	Not Covered	Not Covered	0	0%	0%	0%	9			Ū				X		
G9734	Refused to participate	Not Covered	Not Covered	0	0%	0%	0%						_		X		
G9735	Pt unbl cmplt shid fs prom	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G9736	Refused to participate	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G9737	Pt unbl cmplt ewh fs prom	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G9738	Refused to participate	Not Covered	Not Covered	0	0%	0%	0%		9	9	9	9	9		Χ		<u> </u>
G9739	Pt unbl cmplt go fs prom	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G9740	Hosp srv to pt dur msmt per	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G9741	Pt w/hosp anytime msmt per	Not Covered	Not Covered	0	0%	0%	0%	9			9	9	9	)	X		
G9744	Pt not eli d/t act dig htn	Not Covered	Not Covered	0	0%	0%	0%						9		Χ		<u> </u>
G9745	Doc rsn no hbp scrn or f/u	Not Covered	Not Covered	0	0%	0%	0%				9	9	9		Χ		
G9746	Mit sten, valve or trans af	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G9747	Pall dialysis with catheter	Not Covered	Not Covered	0	0%	0%	0%	9	•	·	O	•	9	)	X		
G9748	App transpl lvg kidney donor	Not Covered	Not Covered	0	0%	0%	0%		9	9	9	9	9		Χ		
G9749	Pall dialysis with catheter	Not Covered	Not Covered	0	0%	0%	0%			9	9	9	9		Χ		<u> </u>
G9750	App transpl lvg kidney donor	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G9751	Pt died w/in 24 mos rpt time	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G9752	Urgent surgery	Not Covered	Not Covered	0	0%	0%	0%						9		X		
G9753	Doc no dicom, ct other fac	Not Covered	Not Covered	0	0%	0%	0%			9	9	9	9		Χ		
G9754	Incid pulm nodule	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
G9755	Doc med rsn no fllw up	Not Covered	Not Covered	0	0%	0%	0%			9	·		9		X		
G9756	Surg proc w/silicone oil	Not Covered	Not Covered	0			0%								X		
G9757	Surg proc w/silicone oil	Not Covered	Not Covered	0	0%		0%		9	9	9	9	9		Χ		
G9758	Pt in hos	Not Covered	Not Covered	0	0%	0%	0%						9	)	X		
G9759	Hx preop post cap rup	Not Covered	Not Covered	0	0%	0%	0%						9		X		
G9760	Pt w/hosp anytime msmt per	Not Covered	Not Covered	0	0%	0%	0%						9		X		
G9761	Pt w/hosp anytime msmt per	Not Covered	Not Covered	0	0%	0%	0%						9		X		
G9762	Pt had >= 2-3 hpv vaccines	Not Covered	Not Covered	0	0%	0%	0%		9	9		_	9		X		
G9763	Pt not have 2-3 hpv vaccines	Not Covered	Not Covered	0	0%	0%	0%						9		X		
G9764	Pt treatd w/oral syst or bio	Not Covered	Not Covered	0	0%	0%	0%								X		4
G9765	Doc pat declined therapy	Not Covered	Not Covered	0	0%	0%	0%								Χ		
G9766	Cva stroke dx tx transf fac	Not Covered	Not Covered	0	0%	0%	0%								X		
G9767	Hosp new dx cva consid evst	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		



		DOLLAR	R VALUE				М	ODIFIER	S								
HCPCS		NON-FACILITY	FACILITY			INTRA OP						CSI	TSI	ENDO			PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)	(26/TC)	(-51)	(-50)	(-80)	(-62)	(-66)	BASE	FSI	LIC REQ	AUTH
G9768	Pt w/hosp anytime msmt per	Not Covered	Not Covered	0	0%	0%	0%				9	9	_		Χ		
G9769	Bn den 2yr/got ost med/ther	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G9770	Perip nerve block	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G9771	Anes end, 1 temp >35.5(95.9)	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G9772	Doc med rsn no temp >= 35.5	Not Covered	Not Covered	0	0,0	0%	0%				9	9	9		Χ		
G9773	1 bod temp >=35.5	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G9774	Pt had hyst	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G9775	Recd 2 anti-emet pre/intraop	Not Covered	Not Covered	0	0%	0%	0%		_		9	9	9		Χ		
G9776	Doc med rsn no proph antiem	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G9777	Pt no antiemet pre/intraop	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G9778	Pts dx w/pregn	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G9779	Pts breastfeeding	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G9780	Pts dx w/rhabdomyolysis	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G9781	Doc rsn no statin	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G9782	Hx dx fam/pure hypercholes	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G9783	Doc dx dm, fast <70, no stat	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G9784	Path/derm prov 2nd biop opin	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G9785	Path report sent	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G9786	Path report not sent	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G9787	Pt alive	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G9788	Most rct bp = 140/90</td <td>Not Covered</td> <td>Not Covered</td> <td>0</td> <td>0%</td> <td>0%</td> <td>0%</td> <td>9</td> <td>9</td> <td>9</td> <td>9</td> <td>9</td> <td>9</td> <td></td> <td>Χ</td> <td></td> <td></td>	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G9789	Record bp ip, er, urg/self	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G9790	Most rct bp >/= 140/90	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G9791	Most rct tob stat free	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G9792	Most rct tob stat not free	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G9793	Pt on daily asa/antiplat	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G9794	Doc med rsn no daily aspirin	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G9795	Pt no daily asa/antiplat	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G9796	Pt not currently on statin	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G9797	Pt currently on statin	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G9798	D/c ami btw 7/1-6/30 meas pd	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G9799	Med disp evt indic hx asth	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G9800	Pt id intol/alleg beta-block	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G9801	Nonacut transf from inpt	Not Covered	Not Covered	0	0%	0%	0%	9			9	9	_		Χ		
G9802	Pt w/hosp anytime msmt per	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G9803	Pt presc 135 day trmt	Not Covered	Not Covered	0		0%	0%				9	9	9		X		
G9804	Pt not presc 135 day trmt	Not Covered	Not Covered	0	0%		0%		_		9	9	9		X		
G9805	Pt w/hosp anytime msmt per	Not Covered	Not Covered	0			0%				9	9	9		X		
G9806	Pt recd cerv cyto/hpv	Not Covered	Not Covered	0	0%	0%	0%	9			9	9	9		X		
G9807	Pt no recd cerv cyto/hpv	Not Covered	Not Covered	0	0%	0%	0%	9			9	9	9		Χ		
G9808	Pt no asthm cont med mst per	Not Covered	Not Covered	0	0%	0%	0%	9				9	9		X		
G9809	Pt w/hosp anytime msmt per	Not Covered	Not Covered	0			0%		-				9		X		
G9810	Pdc 75% w/asth cont med	Not Covered	Not Covered	0	0%	0%	0%	9			9	9	9		X		
G9811	No pdc 75% w/asth cont med	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		



		DOLLAF	R VALUE					ODIFIERS									
HCPCS		NON-FACILITY	FACILITY			INTRA OP								ENDO			PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)	(26/TC)	(-51)	(-50)	(-80)	(-62)	(-66)	BASE	FSI	LIC REQ	AUTH
G9812	Pt died during inpt/30d aft	Not Covered	Not Covered	0	0%		0%	9	9	9	9	9	9		Χ		
G9813	Pt not died w/in 30d of proc	Not Covered	Not Covered	0	0,0	0%	0%	9	9	9	9	9	9		Χ		
G9814	Death during index hosp	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G9815	Death not during index hosp	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G9816	Death <30 day post discharge	Not Covered	Not Covered	0	0,0	0%	0%	9			9	9	9		Χ		
G9817	No death 30-days post-disch	Not Covered	Not Covered	0		0%	0%	9		9	9	9	9		Χ		
G9818	Doc sex activity	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G9819	Pt w/hosp anytime msmt per	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G9820	Doc chlam scr test w/follow	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G9821	No doc chlam scr ts w/follow	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G9822	Endo abl proc yr prev ind dt	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G9823	Endo smpl/hyst bx res doc	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G9824	Endo smpl/hyst bx res no doc	Not Covered	Not Covered	0	0,0	0%	0%	9	9	9	9	9	9		Χ		
G9825	Her-2 neg,undoc/unkn	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G9826	Transf pract aft init chemo	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G9827	Her-2 targ ther no init tx	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G9828	Her-2 targ ther dur init tx	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G9829	Breast adj chemo admin	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Х		
G9830	Her-2 pos	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G9831	Ajcc stg brt ca dx ii or iii	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G9832	Brt ca dx i, no t1/t1a/t1b	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G9833	Transf pract aft init chemo	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Х		
G9834	Pt met dis at dx	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G9835	Trastuz given w/in 12 mos dx	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G9836	Rsn no trast given doc	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G9837	Trastuz not in 12 mos dx	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Х		
G9838	Pt met dis at dx	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G9839	Anti-egfr mon anti ther	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G9840	Gene testing performed	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G9841	Gene testing not performed	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Х		
G9842	Pt met dis at dx	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G9843	Kras or nras gene mutation	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G9844	Pt no recd anti-egfr ther	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G9845	Pt recd anti-egfr ther	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Х		
G9846	Pt died from cancer	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G9847	Pt recd chemo last 14d life	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G9848	Pt no chemo last 14d life	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G9849	Pt died from cancer	Not Covered	Not Covered	0	0%	0%	0%	9			9	9	9		Х		
G9850	1/more ed last 30d life	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G9851	1/no ed visit last 30d life	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Х		
G9852	Pt died from cancer	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Х		
G9853	Icu stay last 30d life	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G9854	No icu stay last 30d life	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G9855	Pt died from cancer	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		



			R VALUE					ODIFIERS									
HCPCS	ADDDEWATED DESCRIPTION	NON-FACILITY	FACILITY			INTRA OP						CSI	TSI	ENDO	FOL	LIC DEO	PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)							BASE	FSI	LIC REQ	AUTH
G9856	Pt no hospice	Not Covered	Not Covered	0		0%	0%								X		
G9857	Pt admit hospice	Not Covered	Not Covered	0		0%	0%		_		4				X		
G9858	Pt enroll hospice	Not Covered	Not Covered	0	0%	0%	0%	9					9	)	X		
G9859	Pt died from cancer	Not Covered	Not Covered	0	0%	0%	0%	9			_		9		X		
G9860	Pt less 3d hospice	Not Covered	Not Covered	0	0%	0%	0%				_		9		X		
G9861	Pt more than 3d hospice	Not Covered	Not Covered	0		0%	0%						9	)	Χ		
G9862	Doc rsn no 10 yr follow	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G9873	1 em core session	Not Covered	Not Covered	0	0%	0%	0%	9		_	·		9	)	X		
G9875	9 em core sessions	Not Covered	Not Covered	0	0,0	0%	0%				9	9	9		Χ		
G9876	2 em core ms mo 7-9 no wl	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G9877	2 em core ms mo 10-12 no wl	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G9878	2 em core ms mo 7-9 wl	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G9879	2 em core ms mo 10-12 wl	Not Covered	Not Covered	0	0%	0%	0%						9		Χ		
G9880	Em 5 percent wl	Not Covered	Not Covered	0		0%	0%	9	9	9	9	9	9		Χ		
G9881	Em 9 percent wl	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
G9882	2 em ongoing ms mo 13-15 wl	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
G9884	2 em ongoing ms mo 19-21 wl	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G9885	2 em ongoing ms mo 22-24 wl	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
G9890	Em bridge payment	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
G9891	Em session reporting	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
G9892	Doc pt rsn no dil mac exam	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
G9893	No mac exam	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G9894	Adr dep thrpy prescribed	Not Covered	Not Covered	0	0%	0%	0%	9			9	9	9	)	X		
G9895	Doc med rsn no adr dep thrpy	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
G9896	Doc pt rsn no adr dep thrpy	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
G9897	Pt nt prsc adr dep thrpy rng	Not Covered	Not Covered	0	0%	0%	0%						9		X		
G9898	Pt 66+ snp or ltc pos	Not Covered	Not Covered	0	0%	0%	0%	9					9		X		
G9899	Scrn mam perf rslts doc	Not Covered	Not Covered	0	0%	0%	0%	9					9	)	X		
G9900	Scrn mam perf rslts not doc	Not Covered	Not Covered	0	0%	0%	0%						9		X		
G9901	Pt 66+ snp or ltc pos	Not Covered	Not Covered	0	0%	0%	0%						9		X		
G9902	Pt scrn tbco and id as user	Not Covered	Not Covered	0	0%	0%	0%	9			_				X		
G9903	Pt scrn tbco id as non user	Not Covered	Not Covered	0	0%	0%	0%				_		9	)	X		
G9904	Doc med rsn no tbco scrn	Not Covered	Not Covered	0			0%					_			X		
G9905	No pt tbco scrn rng	Not Covered	Not Covered	0			0%								X		
G9906	Pt recv tbco cess interv	Not Covered	Not Covered	0	0%	0%	0%		_				9	)	X		
G9907	Doc med rsn no tbco interv	Not Covered	Not Covered	0	0%	0%	0%						Q		X		
G9908	No pt tbco cess interv rng	Not Covered	Not Covered	0			0%					_	a		X		
G9909	Doc med rsn no tbco interv	Not Covered	Not Covered	0			0%								X		<del>                                     </del>
G9909 G9910	Pt 66+ snp or ltc pos	Not Covered	Not Covered	0	0%	0%	0%			_	_	_	0	)	X		
G9910 G9911	Node neg pre/post syst ther	Not Covered	Not Covered	0	0%	0%	0%			_			0		X		
G9912	Hbv status assesed and int	Not Covered	Not Covered	0			0%			_		_	Ŭ		X		
G9912 G9913	No hby status assesd and int	Not Covered	Not Covered	0			0%								X		<del>                                     </del>
G9913 G9914	Pt receiving anti-tnf agent	Not Covered	Not Covered	0	0%	0%	0%				9		_		X		
G9914 G9915	No documntd hbv results rcd	Not Covered	Not Covered	0	0%	0%	0%						_		X		
03313	The documenta hav results rea	Not Covered	Not Covered	U	0%	0%	0%	9	9	9	9	9	9	/	^		



		DOLLAF	R VALUE					ODIFIERS									
HCPCS		NON-FACILITY	FACILITY			INTRA OP						CSI	TSI	ENDO			PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)	(26/TC)					(-66)	BASE	FSI	LIC REQ	AUTH
G9916	Funct status past 12 months	Not Covered	Not Covered	0	0%	0%	0%						_		X		
G9917	Adv dem crgvr limited	Not Covered	Not Covered	0	0%	0%	0%		9	9	9	9	9		X		
G9918	No funct stat perf, rsn nos	Not Covered	Not Covered	0	0%	0%	0%			9	9	9	9		X		
G9919	Scrn nd pos nd prov of rec	Not Covered	Not Covered	0	0%	0%	0%	9			Ŭ		9		X		
G9920	Scrning perf and negative	Not Covered	Not Covered	0	0%	0%	0%				_		9		X		
G9921	No or part scrn nd rng or os	Not Covered	Not Covered	0	0%	0%	0%						9		Χ		
G9922	Sfty cncrns scrn nd mit recs	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G9923	Safty cncrns scrn and neg	Not Covered	Not Covered	0	0%	0%	0%	9		_	J	•	9		X		
G9924	Doc med rsn no scrn or recs	Not Covered	Not Covered	0	0%	0%	0%						9		X		
G9925	No scrn prov rsn nos	Not Covered	Not Covered	0	0%	0%	0%				9	9	9		Χ		
G9926	Sfty cncrns scrn but no recs	Not Covered	Not Covered	0	0%	0%	0%	9			Ŭ		9		X		
G9927	Doc no warf /fda pt trial	Not Covered	Not Covered	0	0%	0%	0%	9			Ū		9		X		
G9928	No warf or fda drug presc	Not Covered	Not Covered	0	0%	0%	0%						9		X		
G9929	Trs/rev af	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
G9930	Com care	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G9931	No chad or chad scr 0 or 1	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G9932	Doc pt rsn no tb scrn recrds	Not Covered	Not Covered	0	0%	0%	0%		9	9	9	9	9		X		
G9933	Canc detectd during col scrn	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G9934	Doc rsn not detecting cancer	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G9935	Canc not detectd during srcn	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G9936	Pmh plyp/neo co/rect/jun/ans	Not Covered	Not Covered	0	0%	0%	0%						9		Χ		
G9937	Dig or surv colsco	Not Covered	Not Covered	0	0%	0%	0%			9	9	9	9		X		
G9938	Pt 66+ snp or ltc pos	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G9939	Same path/derm perf biopsy	Not Covered	Not Covered	0	0%	0%	0%	9	•	9	O	•	9		X		
G9940	Doc reas no statin therapy	Not Covered	Not Covered	0	0%	0%	0%		9	9	9	9	9		X		
G9942	Adtl spine proc on same date	Not Covered	Not Covered	0	0%	0%	0%			9	9	9	9		X		
G9943	Bk pn nt msr vas scl pre/pst	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G9945	Pt w/cancer scoliosis	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G9946	Bk pain no vas	Not Covered	Not Covered	0	0%	0%	0%						9		Χ		
G9948	Adtl spine proc on same date	Not Covered	Not Covered	0	0%	0%	0%			9	9	9	9		X		
G9949	Leg pain no vas	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G9954	Pt >2 rsk fac post-op vomit	Not Covered	Not Covered	0	0%	0%	0%			9	·		9		X		
G9955	InhInt anesth only for induc	Not Covered	Not Covered	0			0%								Χ		
G9956	Combo thrpy of >= 2 prophly	Not Covered	Not Covered	0	0%		0%		9	9	9	9	9		X		
G9957	Doc med rsn no combo thrpy	Not Covered	Not Covered	0	0%	0%	0%						9		X		
G9958	No combo prohpyl thrp for pt	Not Covered	Not Covered	0	0%	0%	0%						9		X		
G9959	Systemic antimicro not presc	Not Covered	Not Covered	0	0%	0%	0%						9		X		
G9960	Med rsn sys antimi nt rx	Not Covered	Not Covered	0	0%	0%	0%			9			9		X		
G9961	Systemic antimicro presc	Not Covered	Not Covered	0	0%	0%	0%		9	9			9		X		
G9962	Embolization doc separatly	Not Covered	Not Covered	0	0%	0%	0%				·		9		X		
G9963	Embolization not doc separat	Not Covered	Not Covered	0	0%	0%	0%								X		
G9964	Pt recv >=1 well-chld visit	Not Covered	Not Covered	0	0%	0%	0%						9		Χ		
G9965	No well-chld vist recv by pt	Not Covered	Not Covered	0	0%	0%	0%								X		
G9966	Scrn, inter, report child	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		



		DOLLAI	R VALUE					ODIFIERS									
HCPCS	APPREVIATED DESCRIPTION	NON-FACILITY	FACILITY	_		_						CSI	TSI	ENDO	ECI	LIC DEO	PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)							BASE	FSI	LIC REQ	AUTH
G9967	No scrn, inter, reprt child	Not Covered	Not Covered	0		0%	0%						_		X		4
G9968	Pt refrd 2 pvdr/spclst in pp	Not Covered	Not Covered	0		0%	0%		_			_			X		4
G9969	Pvdr rfrd pt rprt rcvd	Not Covered	Not Covered	0	0%	0%	0%	9					9	9	X		
G9970	Pvdr rfrd pt no rprt rcvd	Not Covered	Not Covered	0	0%	0%	0%	9			_		9	9	X		
G9974	Mac exam perf	Not Covered	Not Covered	0	0%	0%	0%				_		9	9	X		
G9974	Mac exam perf	Not Covered	Not Covered	0		0%	0%								X		
G9975	Doc med rsn no dil mac exam	Not Covered	Not Covered	0	0%	0%	0%	9	_				9	9	X		
G9976		Not Covered	Not Covered	0	0%	0%	0%	9			U		9		X		
G9977	DIL MAC EXAM NO PERF RSN N	Not Covered	Not Covered	0	0%	0%	0%					_	9	9	X		
G9983	Remote e/m est. pt 10mins	Not Covered	Not Covered	0	0%	0%	0%						0	)	X		
H0001	Alcohol and/or drug assess	By Report	By Report	0	0%	0%	0%	9					9	9	N		
H0002	Alcohol and/or drug screenin	By Report	By Report	0	0%	0%	0%	9			Ū				N		
H0003	Alcohol and/or drug screenin	By Report	By Report	0	0%	0%	0%						_		N		
H0004	Alcohol and/or drug services	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	)	Ν		
H0005	Alcohol and/or drug services	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	)	N		
H0006	Alcohol and/or drug services	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	)	N		
H0007	Alcohol and/or drug services	By Report	By Report	0	0%	0%	0%		9	9	9	9	9	)	Ζ		<u> </u>
H0008	Alcohol and/or drug services	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	)	Ν		
H0009	Alcohol and/or drug services	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	)	N		
H0010	Alcohol and/or drug services	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	)	N		
H0011	Alcohol and/or drug services	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	)	N		
H0012	Alcohol and/or drug services	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	)	N		
H0013	Alcohol and/or drug services	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	)	N		
H0014	Alcohol and/or drug services	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	)	N		
H0015	Alcohol and/or drug services	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	)	N		
H0016	Alcohol and/or drug services	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
H0017	Alcohol and/or drug services	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	)	N		
H0018	Alcohol and/or drug services	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	9	N		
H0019	Alcohol and/or drug services	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	)	N		
H0020	Alcohol and/or drug services	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	)	N		
H0021	Alcohol and/or drug training	Not Covered	Not Covered	0	0%	0%	0%	9			9	9	9	)	X		
H0022	Alcohol and/or drug interven	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	9	X		
H0023	Alcohol and/or drug outreach	Not Covered	Not Covered	0	0%		0%						9	9	X		
H0024	Alcohol and/or drug preventi	Not Covered	Not Covered	0			0%						_		X		
H0025	Alcohol and/or drug preventi	Not Covered	Not Covered	0	0%	0%	0%						9		X		
H0026	Alcohol and/or drug preventi	Not Covered	Not Covered	0	0%	0%	0%						9	)	X		
H0027	Alcohol and/or drug preventi	Not Covered	Not Covered	0			0%						9	)	X		
H0028	Alcohol and/or drug preventi	Not Covered	Not Covered	0			0%						_		X		<u> </u>
H0029	Alcohol and/or drug preventi	Not Covered	Not Covered	0	0%	0%	0%				_		_		X		
H0030		Not Covered	Not Covered	0	0%	0%	0%					_	Ť		X		
H0031	Mh health assess by non-md	Not Covered	Not Covered	0			0%						_		X		
H0032	Mh svc plan dev by non-md	Not Covered	Not Covered	0			0%								X		
H0033	Oral med adm direct observe	Not Covered	Not Covered	0	0%	0%	0%								X		
				0							-						
H0034		Not Covered	Not Covered	0	0%	0%	0%						9	)	X		



		DOLLA	R VALUE					ODIFIERS									
HCPCS	ADDDEWATED DECODIDION	NON-FACILITY	FACILITY	_		_						CSI	TSI	ENDO	<b>50</b> /	o. p.co	PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)							BASE	FSI	LIC REQ	AUTH
H0035	Mh partial hosp tx under 24h	Not Covered	Not Covered	0		0%	0%								X		
H0036	Comm psy face-face per 15min	Not Covered	Not Covered	0		0%	0%		_		4		9		Χ		
H0037	Comm psy sup tx pgm per diem	Not Covered	Not Covered	0	0%	0%	0%			9	9	9	9		X		
H0038	Self-help/peer svc per 15min	Not Covered	Not Covered	0	0%	0%	0%	9			_		9		X		
H0039	Asser com tx face-face/15min	Not Covered	Not Covered	0	0%	0%	0%				_		9	)	Χ		
H0040	Assert comm tx pgm per diem	Not Covered	Not Covered	0		0%	0%						9	)	Χ		
H0041	Fos c chld non-ther per diem	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
H0042	Fos c chld non-ther per mon	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	U	•	9		X		
H0043	Supported housing, per diem	Not Covered	Not Covered	0	0%	0%	0%		9	9	9	9	9		Χ		
H0044	Supported housing, per month	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
H0045	Respite not-in-home per diem	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
H0046	Mental health service, nos	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
H0047	Alcohol/drug abuse svc nos	By Report	By Report	0	0%	0%	0%		9	9	9	9	9		N		
H0048	Spec coll non-blood:a/d test	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	)	N		
H0049	Alcohol/drug screening	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
H0050	Alcohol/drug service 15 min	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
H1000	Prenatal care atrisk assessm	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
H1001	Antepartum management	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
H1002	Carecoordination prenatal	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	)	N		Υ
H1003	Prenatal at risk education	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
H1004	Follow up home visit/prental	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	)	N		Υ
H1005	Prenatalcare enhanced srv pk	By Report	By Report	0	0%	0%	0%		9	9	9	9	9		N		Υ
H1010	Nonmed family planning ed	Not Covered	Not Covered	0	0%	0%	0%	9					9		X		
H1011	Family assessment	Not Covered	Not Covered	0	0%	0%	0%	9			9	9	9		X		
H2000	Comp multidisipln evaluation	Not Covered	Not Covered	0		0%	0%	9	9	9	9	9	9		Χ		
H2001	Rehabilitation program 1/2 d	Not Covered	Not Covered	0	0%	0%	0%						9		X		
H2010	Comprehensive med svc 15 min	Not Covered	Not Covered	0	0%	0%	0%						9		X		
H2011	Crisis interven svc, 15 min	Not Covered	Not Covered	0	0%	0%	0%	9					9		X		
H2012	Behav hlth day treat, per hr	Not Covered	Not Covered	0	0%	0%	0%						9		X		
H2013	Psych hlth fac svc, per diem	Not Covered	Not Covered	0	0%	0%	0%						9		X		
H2014	Skills train and dev, 15 min	Not Covered	Not Covered	0	0%	0%	0%	9							X		
H2015	Comp comm supp svc, 15 min	Not Covered	Not Covered	0	0%	0%	0%				_		9		X		
H2016	Comp comm supp svc, per diem	Not Covered	Not Covered	0			0%								X		
H2017	Psysoc rehab svc, per 15 min	Not Covered	Not Covered	0			0%								X		
H2018	Psysoc rehab svc, per diem	Not Covered	Not Covered	0	0%	0%	0%								X		
H2019	Ther behav svc, per 15 min	Not Covered	Not Covered	0	0%	0%	0%						9		X		
H2020	Ther behav svc, per diem	Not Covered	Not Covered	0			0%						a		X		
H2021	Com wrap-around sv, 15 min	Not Covered	Not Covered	0			0%								X		
H2022	Com wrap-around sv, per diem	Not Covered Not Covered	Not Covered	0	0%	0%	0%				_		_		X		
H2023	Supported employ, per 15 min	Not Covered	Not Covered	0	0%	0%	0%						, i		X		
H2024	Supported employ, per diem	Not Covered	Not Covered	0			0%						_		X		
H2025	Supp maint employ, 15 min	Not Covered	Not Covered	0			0%								X		
H2026	Supp maint employ, 15 min	Not Covered	Not Covered	0	0%	0%	0%						_		X		
H2027	Psychoed svc, per 15 min	Not Covered	Not Covered	0	0%	0%	0%						_		X		
112021	r sychoed svc, per 13 min	Not Covered	Not Covered	U	0%	0%	0%	9	9	9	9	9	9		^		



		DOLLAF	R VALUE					ODIFIERS									
HCPCS	40005//455000505/04/	NON-FACILITY	FACILITY			INTRA OP						CSI	TSI	ENDO			PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)							BASE	FSI	LIC REQ	AUTH
H2028	Sex offend tx svc, 15 min	Not Covered	Not Covered	0	0%	0%	0%								X		
H2029	Sex offend tx svc, per diem	Not Covered	Not Covered	0	0%	0%	0%		_				9	)	Χ		
H2030	Mh clubhouse svc, per 15 min	Not Covered	Not Covered	0	0%	0%	0%			9			9	)	X		
H2031	Mh clubhouse svc, per diem	Not Covered	Not Covered	0	0%	0%	0%	9			_		9	)	X		
H2032	Activity therapy, per 15 min	Not Covered	Not Covered	0	0%	0%	0%			9	_		9	)	X		
H2033	Multisys ther/juvenile 15min	Not Covered	Not Covered	0	0%	0%	0%						9	)	Χ		
H2034	A/d halfway house, per diem	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
H2035	A/d tx program, per hour	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	U		9	)	X		
H2036	A/d tx program, per diem	Not Covered	Not Covered	0	0%	0%	0%		9	9	9	9	9	)	Χ		
H2037	Dev delay prev dp ch, 15 min	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
J0120	Tetracyclin injection	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
J0121	Inj., omadacycline, 1 mg	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	)	N		
J0122	Inj., eravacycline, 1 mg	By Report	By Report	0	0%	0%	0%		9	9	9	9	9	)	N		
J0129	Abatacept injection	\$56.74	\$56.74	0	0%	0%	0%	9	9	9	9	9	9	)	D		Υ
J0130	Abciximab injection	\$1,204.49	\$1,204.49	0	0%	0%	0%	9	9	9	9	9	9	)	D		
J0131	Acetaminophen injection	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	)	N		
J0132	Acetylcysteine injection	\$1.08	\$1.08	0	0%	0%	0%	9	9	9	9	9	9	)	D		
J0133	Acyclovir injection	\$0.07	\$0.07	0	0%	0%	0%	9	9	9	9	9	9	)	D		
J0135	Adalimumab injection	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
J0153	Adenosine inj 1mg	\$0.62	\$0.62	0	0%	0%	0%	9	9	9	9	9	9	)	D		
J0171	Adrenalin epinephrine inject	\$0.91	\$0.91	0	0%	0%	0%	9	9	9	9	9	9	)	D		
J0178	Aflibercept injection	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
J0179	Inj, brolucizumab-dbll, 1 mg	Not Covered	Not Covered	0	0%	0%	0%	9					9	)	X		
J0180	Agalsidase beta injection	\$187.95	\$187.95	0	0%	0%	0%	9			_		9	)	D		
J0185	Inj., aprepitant, 1 mg	\$1.88	\$1.88	0	0%	0%	0%	9	9	9	9	9	9	)	D		
J0190	Inj biperiden lactate/5 mg	Not Covered	Not Covered	0	0%	0%	0%			9			9	-	X		
J0200	Alatrofloxacin mesylate	Not Covered	Not Covered	0	0%	0%	0%	9					9	)	X		
J0202	Injection, alemtuzumab	Not Covered	Not Covered	0	0%	0%	0%	9					9	)	X		
J0205	Alglucerase injection	Not Covered	Not Covered	0	0%	0%	0%						9	)	X		
J0207	Amifostine	\$1,135.69	\$1,135.69	0	0%	0%	0%			9			9		D		
J0210	Methyldopate hcl injection	By Report	By Report	0	0%	0%	0%	9		9	_		_		N		
J0215	Alefacept	Not Covered	Not Covered	0	0%	0%	0%			9	_		9		X		
J0220	Alglucosidase alfa injection	Not Covered	Not Covered	0			0%								X		
J0221	Lumizyme injection	Not Covered	Not Covered	0	0%		0%								X		
J0222	Inj., patisiran, 0.1 mg	Not Covered	Not Covered	0	0%	0%	0%		_				_		X		
J0223	Inj givosiran 0.5 mg	Not Covered	Not Covered	0	0%	0%	0%						Ŭ	)	X		
J0256	Alpha 1 proteinase inhibitor	\$4.38	\$4.38	0	0%	0%	0%							)	D		
J0257	Glassia injection	Not Covered	Not Covered	0		0%	0%								X		
J0270	Alprostadil for injection	\$0.15	\$0.15	0	0%	0%	0%								D		
J0275	Alprostadii urethral suppos	\$63.32	\$63.32	0	0%	0%	0%						<u> </u>		D		
J0278	Amikacin sulfate injection	Not Covered	Not Covered	0	0%	0%	0%								X		
J0278 J0280	Aminophyllin 250 mg inj	\$7.31	\$7.31	0	0%	0%	0%						Ŭ		^ D		
J0280 J0282	Amiodarone hcl	\$0.31	\$0.31	0	0%	0%	0%						_		D		
J0282 J0285	Amphotericin b	\$39.02	\$39.02	0	0%	0%	0%						_		D D		
00200	Amphotencin b	უაყ.02	<b></b>	U	0%	0%	0%	9	9	9	9	9	9	<b>'</b>	ט		



		DOLLAF	R VALUE					ODIFIERS									
HCPCS	ADDDEWATED DECODIDION	NON-FACILITY	FACILITY	_		_						CSI	TSI	ENDO	<b>50</b> /	/ /O DEO	PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)						-	BASE		LIC REQ	AUTH
J0287	Amphotericin b lipid complex	\$9.31	\$9.31	0		0%	0%				-				D		
J0288	Ampho b cholesteryl sulfate	Not Covered	Not Covered	0		0%	0%					_			Х		
J0289	Amphotericin b liposome inj	\$26.54	\$26.54	0	0%	0%	0%	9		_			9	9	D		
J0290	Ampicillin 500 mg inj	\$0.93	\$0.93	0	0%	0%	0%	9			Ŭ		9	9	D		
J0291	Inj., plazomicin, 5 mg	By Report	By Report	0	,	0%	0%		-		_		9	9	N		
J0295	Ampicillin sulbactam 1.5 gm	\$2.76	\$2.76	0		0%	0%						<u> </u>		D		
J0300	Amobarbital 125 mg inj	\$197.92	\$197.92	0	0%	0%	0%	9	9	9	9	9	9	9	D		
<mark>J0330</mark>	Succinycholine chloride inj	\$0.08	\$0.08	0	0%	0%	0%	9				_	9	9	D		
J0348	Anidulafungin injection	\$0.51	\$0.51	0	0,0	0%	0%				9	9	9	9	D		
J0350	Injection anistreplase 30 u	Not Covered	Not Covered	0		0%	0%	9	9	9	9	9	9	9	Χ		
J0360	Hydralazine hcl injection	\$2.88	\$2.88	0	0%	0%	0%	9	9	9	9	9	9	9	D		
J0364	Apomorphine hydrochloride	\$39.80	\$39.80	0	0%	0%	0%	9	9	9	9	9	9	)	D		Υ
J0365	Aprotonin, 10,000 kiu	Not Covered	Not Covered	0	0%	0%	0%		9	9	9	9	9	)	Χ		
J0380	Inj metaraminol bitartrate	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
J0390	Chloroquine injection	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
J0395	Arbutamine hcl injection	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Х		
J0400	Aripiprazole injection	\$1.71	\$1.71	0	0%	0%	0%	9	9	9	9	9	9	)	D		
J0401	Inj aripiprazole ext rel 1mg	\$5.70	\$5.70	0	0%	0%	0%	9	9	9	9	9	9	)	D		Υ
J0456	Azithromycin	\$3.42	\$3.42	0	0%	0%	0%	9	9	9	9	9	9	)	D		
J0461	Atropine sulfate injection	\$0.06	\$0.06	0	0%	0%	0%	9	9	9	9	9	9	)	D		
J0470	Dimecaprol injection	\$50.91	\$50.91	0	0%	0%	0%	9	9	9	9	9	9	)	D		
J0475	Baclofen 10 mg injection	\$175.16	\$175.16	0	0%	0%	0%	9	9	9	9	9	9	)	D		
J0476	Baclofen intrathecal trial	\$55.78	\$55.78	0	0%	0%	0%	9	9	9	9	9	9	)	D		
J0480	Basiliximab	\$4,016.59	\$4,016.59	0	0%	0%	0%	9	9	9	9	9	9	)	D		
J0485	Belatacept injection	\$3.77	\$3.77	0	0%	0%	0%	9	9	9	9	9	9	)	D		Υ
J0490	Belimumab injection	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Х		
J0500	Dicyclomine injection	\$40.65	\$40.65	0	0%	0%	0%	9	9	9	9	9	9	)	D		
J0515	Inj benztropine mesylate	\$15.52	\$15.52	0	0%	0%	0%	9	9	9	9	9	9	)	D		
J0517	Inj., benralizumab, 1 mg	\$171.90	\$171.90	0	0%	0%	0%	9	9	9	9	9	9	)	D		Υ
J0520	Bethanechol chloride inject	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Х		
J0558	Peng benzathine/procaine inj	\$11.68	\$11.68	0	0%	0%	0%	9	9	9	9	9	9	)	D		
J0561	Penicillin g benzathine inj	\$15.03	\$15.03	0	0%	0%	0%	9	9	9	9	9	9	)	D		
J0565	Inj, bezlotoxumab, 10 mg	By Report	By Report	0							_		9	)	N		Υ
J0567	Inj., cerliponase alfa 1 mg	Not Covered	Not Covered	0									_		Х		
J0570	Buprenorphine implant 74.2mg	\$1,270.19	\$1,270.19	0	0%	0%	0%						_		D		Υ
J0571	Buprenorphine oral 1mg	\$1.13	\$1.13	0	0%	0%	0%						9	)	D		Υ
J0572	Bupren/nal up to 3mg bupreno	\$5.82	\$5.82	0									9	)	D		Υ
J0573	Bupren/nal 3.1 to 6mg bupren	\$4.88	\$4.88	0			0%								D		Y
J0574	Bupren/nal 6.1 to 10mg bupre	\$5.21	\$5.21	0	0%	0%	0%						9		D		Υ
J0575	Bupren/nal over 10mg bupreno	\$5.21	\$5.21	0	0%	0%	0%		_				Ť		D		Y
J0583	Bivalirudin	Not Covered	Not Covered	0			0%						_	)	X		
J0584	Injection, burosumab-twza 1m	Not Covered	Not Covered	0			0%						<u> </u>		X		
	•			0													Υ
				0													Y
J0584 J0585 J0586	Injection, burosumab-twza Tm Injection, onabotulinumtoxina Abobotulinumtoxina	\$6.10 \$8.38	\$6.10 \$8.38	0	0% 0% 0%	0% 0% 0%	0%	9	9	9	9	9	9	)	D D		



		DOLLAF	R VALUE					ODIFIERS									
HCPCS	ADDDEWATED DECODIDION	NON-FACILITY	FACILITY			INTRA OP						CSI	TSI	ENDO	<b>50</b> /		PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)							BASE	FSI	LIC REQ	AUTH
J0587	Inj, rimabotulinumtoxinb	\$11.97	\$11.97	0	0%	0%	0%	9							D		Υ
J0588	Incobotulinumtoxin a	\$5.02	\$5.02	0	0%	0%	0%	9	_				_		D		Υ
J0591	Inj deoxycholic acid, 1 mg	Not Covered	Not Covered	0	0%	0%	0%	9					9		X		
J0592	Buprenorphine hydrochloride	\$4.67	\$4.67	0	0%	0%	0%	9			_		9		D		
J0593	Inj., lanadelumab-flyo, 1 mg	Not Covered	Not Covered	0	0%	0%	0%	9		9	_		9		X		
J0594	Busulfan injection	\$3.67	\$3.67	0	0%	0%	0%	9							D		Υ
J0595	Butorphanol tartrate 1 mg	\$2.91	\$2.91	0	0%	0%	0%	9	9	9	9	9	9		D		
J0596	Injection, ruconest	Not Covered	Not Covered	0	0%	0%	0%	9		9	·		9	)	X		
J0597	C-1 esterase, berinert	Not Covered	Not Covered	0	0%	0%	0%	9		9	9	9	9		Χ		
J0598	C-1 esterase, cinryze	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
J0599	Inj., haegarda 10 units	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
J0600	Edetate calcium disodium inj	\$5,594.42	\$5,594.42	0	0%	0%	0%	9		9	Ū		9		D		
J0604	Cinacalcet, esrd on dialysis	\$0.01	\$0.01	0	0%	0%	0%	9					9		D		Υ
J0606	Inj, etelcalcetide, 0.1 mg	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
J0610	Calcium gluconate injection	\$4.19	\$4.19	0	0%	0%	0%	9	9	9	9	9	9		D		
J0620	Calcium glycer & lact/10 ml	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
J0630	Calcitonin salmon injection	\$2,831.50	\$2,831.50	0	0%	0%	0%	9	9	9	9	9	9		D		
J0636	Inj calcitriol per 0.1 mcg	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
J0637	Caspofungin acetate	\$6.80	\$6.80	0	0%	0%	0%	9	9	9	9	9	9	)	D		
J0638	Canakinumab injection	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
J0640	Leucovorin calcium injection	\$3.18	\$3.18	0	0%	0%	0%	9	9	9	9	9	9	)	D		
J0641	Inj levoleucovorin nos 0.5mg	\$0.28	\$0.28	0	0%	0%	0%	9	9	9	9	9	9		D		
J0642	Injection, khapzory, 0.5 mg	\$1.94	\$1.94	0	0%	0%	0%	9	9	9	9	9	9	)	D		Υ
J0670	Inj mepivacaine hcl/10 ml	\$3.06	\$3.06	0	0%	0%	0%	9	9	9	9	9	9	)	D		
J0690	Cefazolin sodium injection	\$0.77	\$0.77	0	0%	0%	0%	9	9	9	9	9	9		D		
J0691	Inj lefamulin 1 mg	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
J0692	Cefepime hcl for injection	\$1.93	\$1.93	0	0%	0%	0%	9	9	9	9	9	9	)	D		
J0694	Cefoxitin sodium injection	\$6.55	\$6.55	0	0%	0%	0%	9	9	9	9	9	9	)	D		
J0695	Inj ceftolozane tazobactam	\$6.52	\$6.52	0	0%	0%	0%	9	9	9	9	9	9		D		
J0696	Ceftriaxone sodium injection	\$0.53	\$0.53	0	0%	0%	0%	9	9	9	9	9	9		D		
J0697	Sterile cefuroxime injection	\$2.13	\$2.13	0	0%	0%	0%	9	9	9	9	9	9	)	D		
J0698	Cefotaxime sodium injection	\$2.33	\$2.33	0	0%	0%	0%	9	9	9	9	9	9	)	D		
J0702	Betamethasone acet&sod phosp	\$7.41	\$7.41	0	0%		0%						9		D		
J0706	Caffeine citrate injection	Not Covered	Not Covered	0	0%		0%								X		
J0710	Cephapirin sodium injection	Not Covered	Not Covered	0	0%	0%	0%	9					_		X		
J0712	Ceftaroline fosamil inj	\$3.33	\$3.33	0	0%	0%	0%	9							D		
J0713	Inj ceftazidime per 500 mg	\$1.99	\$1.99	0	0%	0%	0%						9		D		
J0714	Ceftazidime and avibactam	\$91.89	\$91.89	0		0%	0%							<del>d</del>	D		
J0715	Ceftizoxime sodium / 500 mg	Not Covered	Not Covered	0	0%	0%	0%	9							X		
J0716	Centruroides immune f(ab)	By Report	By Report	0	0%	0%	0%	9					<u> </u>		N		Υ
J0717	Certolizumab pegol inj 1mg	Not Covered	Not Covered	0	0%	0%	0%								X		
J0720	Chloramphenicol sodium injec	\$32.36	\$32.36	0	0%	0%	0%						Ŭ		D		
J0725	Chorionic gonadotropin/1000u	\$22.83	\$22.83	0	0%	0%	0%						_		D		
J0735	Clonidine hydrochloride	\$17.67	\$17.67	0	0%	0%	0%						_		D		
00100	Olomanio riyaroomonao	Ψ17.07	Ψ17.07		0 /0	0 70	0 70	9	9	9	9	9	9				



		DOLLAI	R VALUE				МС	ODIFIERS	;								
HCPCS		NON-FACILITY	FACILITY			INTRA OP			MSI			CSI		ENDO			PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)	(26/TC)				_			FSI	LIC REQ	AUTH
J0740	Cidofovir injection	\$588.85	\$588.85	0	0,0	0%	0%					_	·		D		
J0742	Inj imip 4 cilas 4 releb 2mg	By Report	By Report	0		0%	0%				9		9		N		
J0743	Cilastatin sodium injection	\$5.77	\$5.77	0	0%	0%	0%	9	9		9		9		D		
J0744	Ciprofloxacin iv	\$1.13	\$1.13	0	0%	0%	0%	9			9		9		D		
J0745	Inj codeine phosphate /30 mg	Not Covered	Not Covered	0		0%	0%				9	9	9		X		
J0770	Colistimethate sodium inj	\$17.16	\$17.16	0		0%	0%					9	9		D		
J0775	Collagenase, clost hist inj	Not Covered	Not Covered	0	0%	0%	0%	9	9		9	9	9		X		
J0780	Prochlorperazine injection	\$6.43	\$6.43	0	0%	0%	0%	9	9		9	9	9		D		
J0791	Inj crizanlizumab-tmca 5mg	\$14.14	\$14.14	0	0,0	0%	0%				9		,		D		Υ
J0795	Corticorelin ovine triflutal	Not Covered	Not Covered	0	0,0	0%	0%				9	_	9		X		
J0800	Corticotropin injection	\$3,995.82	\$3,995.82	0	0,0	0%	0%	9			9		9		D		
J0834	Inj., cosyntropin, 0.25 mg	\$46.24	\$46.24	0	0 70	0%	0%	9	9		9		9		D		
J0840	Crotalidae poly immune fab	\$3,099.37	\$3,099.37	0		0%	0%		_		9		9		D		Υ
J0841	Inj crotalidae im f(ab')2 eq	Not Covered	Not Covered	0		0%	0%				9				X		Υ
J0850	Cytomegalovirus imm iv /vial	\$1,479.74	\$1,479.74	0	0%	0%	0%	9	9		9	_	9		D		
J0875	Injection, dalbavancin	\$15.35	\$15.35	0	0%	0%	0%	9	9		9	9	9		D		
J0878	Daptomycin injection	\$0.14	\$0.14	0	0,0	0%	0%					9	9		D		
J0881	Darbepoetin alfa, non-esrd	\$3.79	\$3.79	0		0%	0%				9	_	9		D		
J0882	Darbepoetin alfa, esrd use	\$3.79	\$3.79	0	0%	0%	0%	9	9		9		9		D		
J0883	Argatroban nonesrd use 1mg	\$45.60	\$45.60	0	0%	0%	0%	9	9		9		9		D		
J0884	Argatroban esrd dialysis 1mg	\$45.60	\$45.60	0	0,0	0%	0%				9		9		D		Υ
J0885	Epoetin alfa, non-esrd	\$9.70	\$9.70	0		0%	0%				9		9		D		
J0887	Epoetin beta esrd use	\$1.49	\$1.49	0	0,0	0%	0%	9			9	9	9		D		
J0888	Epoetin beta non esrd	\$1.49	\$1.49	0	0%	0%	0%	9	9		9	•	9		D		
J0890	Peginesatide injection	Not Covered	Not Covered	0	0,0	0%	0%						_		X		
J0894	Decitabine injection	\$4.28	\$4.28	0		0%	0%				9	9	9		D		Υ
J0895	Deferoxamine mesylate inj	\$8.03	\$8.03	0	0,0	0%	0%	9			9	9	9		D		
J0896	Inj luspatercept-aamt 0.25mg	\$37.16	\$37.16	0	0 70	0%	0%	9	9		9		9		D		Υ
J0897	Denosumab injection	\$19.90	\$19.90	0	0,0	0%	0%				9		9		D		Υ
J0945	Brompheniramine maleate inj	Not Covered	Not Covered	0	0,0	0%	0%	9			9	9	9		X		
J1000	Depo-estradiol cypionate inj	Not Covered	Not Covered	0	0%	0%	0%	9	9		9	9	9		X		
J1020	Methylprednisolone 20 mg inj	\$3.61	\$3.61	0	0%	0%	0%	9	9		9	9	9		D		
J1030	Methylprednisolone 40 mg inj	\$6.09	\$6.09	0			0%								D		
J1040	Methylprednisolone 80 mg inj	\$11.70	\$11.70	0			0%								D		
J1050	Medroxyprogesterone acetate	\$0.56	\$0.56	0		0%	0%	9					_		D		
J1071	Inj testosterone cypionate	\$0.03	\$0.03	0		0%	0%								D		
J1094	Inj dexamethasone acetate	Not Covered	Not Covered	0			0%								X		
J1096	Dexametha opth insert 0.1 mg	By Report	By Report	0			0%					_	· · ·		N		
J1097	Phenylep ketorolac opth soln	By Report	By Report	0	0%	0%	0%		9				9		N		
J1100	Dexamethasone sodium phos	\$0.12	\$0.12	0	0,0	0%	0%		9				9		D		
J1110	Inj dihydroergotamine mesylt	\$68.56	\$68.56	0			0%						_		D		
J1120	Acetazolamid sodium injectio	\$18.60	\$18.60	0			0%								D		
J1130	Inj diclofenac sodium 0.5mg	\$0.28	\$0.28	0		0%	0%								D		
J1160	Digoxin injection	\$11.41	\$11.41	0	0%	0%	0%	9	9	9	9	9	9		D		



		DOLLAF	R VALUE					ODIFIERS									
HCPCS		NON-FACILITY	FACILITY			INTRA OP							TSI	ENDO			PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)	(26/TC)	(-51)	(-50)	(-80)	(-62)	(-66)	BASE	FSI	LIC REQ	AUTH
J1162	Digoxin immune fab (ovine)	\$3,965.21	\$3,965.21	0	0%	0%	0%	9	9	9	9	9	9		D		
J1165	Phenytoin sodium injection	\$0.41	\$0.41	0	0%	0%	0%	9	9	9	9	9	9		D		
J1170	Hydromorphone injection	\$3.11	\$3.11	0	0%	0%	0%	9	9	9	9	9	9		D		
J1180	Dyphylline injection	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
J1190	Dexrazoxane hcl injection	\$211.46	\$211.46	0	0%	0%	0%	9	9	9	9	9	9		D		
J1200	Diphenhydramine hcl injectio	\$0.72	\$0.72	0	0%	0%	0%	9	9	9	9	9	9		D		
J1201	Inj. cetirizine hcl 0.5mg	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
J1205	Chlorothiazide sodium inj	\$54.60	\$54.60	0	0%	0%	0%	9	9	9	9	9	9		D		
J1212	Dimethyl sulfoxide 50% 50 ml	\$632.97	\$632.97	0	0%	0%	0%	9	9	9	9	9	9		D		
J1230	Methadone injection	\$17.51	\$17.51	0	0%	0%	0%	9	9	9	9	9	9		D		
J1240	Dimenhydrinate injection	\$7.09	\$7.09	0	0%	0%	0%	9	9	9	9	9	9		D		
J1245	Dipyridamole injection	\$3.35	\$3.35	0	0%	0%	0%	9	9	9	9	9	9		D		
J1250	Inj dobutamine hcl/250 mg	\$5.96	\$5.96	0	0%	0%	0%	9	9	9	9	9	9		D		
J1260	Dolasetron mesylate	\$13.19	\$13.19	0	0%	0%	0%	9	9	9	9	9	9		D		
J1265	Dopamine injection	\$0.68	\$0.68	0	0%	0%	0%	9	9	9	9	9	9		D		
J1267	Doripenem injection	\$0.74	\$0.74	0	0%	0%	0%	9	9	9	9	9	9		D		
J1270	Injection, doxercalciferol	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
J1290	Ecallantide injection	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
J1300	Eculizumab injection	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
J1301	Injection, edaravone, 1 mg	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
J1303	Inj., ravulizumab-cwvz 10 mg	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
J1320	Amitriptyline injection	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
J1322	Elosulfase alfa, injection	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
J1324	Enfuvirtide injection	\$0.80	\$0.80	0	0%	0%	0%	9	9	9	9	9	9		D		
J1325	Epoprostenol injection	\$16.31	\$16.31	0	0%	0%	0%	9	9	9	9	9	9		D		
J1327	Eptifibatide injection	\$31.29	\$31.29	0	0%	0%	0%	9	9	9	9	9	9		D		
J1330	Ergonovine maleate injection	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
J1335	Ertapenem injection	\$35.33	\$35.33	0	0%	0%	0%	9	9	9	9	9	9		D		
J1364	Erythro lactobionate /500 mg	\$79.08	\$79.08	0	0%	0%	0%	9					9		D		
J1380	Estradiol valerate 10 mg inj	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
J1410	Inj estrogen conjugate 25 mg	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
J1428	Inj, eteplirsen, 10 mg	Not Covered	Not Covered	0	0%	0%	0%	9	,	•	J		9		X		
J1429	Inj golodirsen 10 mg	Not Covered	Not Covered	0	0%		0%								X		
J1430	Ethanolamine oleate 100 mg	Not Covered	Not Covered	0	0%		0%				9	9	9		Χ		
J1435	Injection estrone per 1 mg	Not Covered	Not Covered	0	0%	0%	0%	9					9		X		
J1436	Etidronate disodium inj	Not Covered	Not Covered	0	0%	0%	0%	9			,		9		X		
J1438	Etanercept injection	\$521.34	\$521.34	0	0%		0%								D		
J1439	Inj ferric carboxymaltos 1mg	\$1.12	\$1.12	0	0%		0%				9	9	9		D		
J1442	Inj filgrastim excl biosimil	\$0.92	\$0.92	0	0%	0%	0%				_		9		D		
J1443	Inj ferric pyrophosphate cit	By Report	By Report	0	0%	0%	0%						9		N		
J1444	Fe pyro cit pow 0.1 mg iron	Facility Only	Facility Only	0	0%	0%	0%								0		
J1447	Inj tbo filgrastim 1 microg	\$0.48	\$0.48	0	0%		0%			9			9		D		
J1450	Fluconazole	\$16.11	\$16.11	0	0%	0%	0%		9	9			9		D		
J1451	Fomepizole, 15 mg	\$11.33	\$11.33	0	0%	0%	0%	9	9	9	9	9	9		D		



		DOLLAF	R VALUE				М	ODIFIERS									
HCPCS	400051//4750 0500007/01/	NON-FACILITY	FACILITY			INTRA OP						CSI		ENDO	<b>50</b> 1		PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)	(26/TC)				÷	÷÷.		FSI	LIC REQ	AUTH
J1452	Intraocular fomivirsen na	Not Covered	Not Covered	0	0%	0%	0%	9					Ŭ		X		
J1453	Fosaprepitant injection	\$1.08	\$1.08	0	0%	0%	0%	9		9	_	_	9		D		
J1454	Inj fosnetupitant, palonoset	\$375.17	\$375.17	0	0%	0%	0%	9			Ū		9		D		Υ
J1455	Foscarnet sodium injection	\$15.00	\$15.00	0	0%	0%	0%	9			Ū		9		D		
J1457	Gallium nitrate injection	Not Covered	Not Covered	0	0%	0%	0%						9		X		
J1458	Galsulfase injection	Not Covered	Not Covered	0	0%	0%	0%	9		9		_	9		X		
J1459	Inj ivig privigen 500 mg	\$41.28	\$41.28	0	0%	0%	0%	9			_		9		D		
J1460	Gamma globulin 1 cc inj	\$42.69	\$42.69	0	0%	0%	0%	9	9	9	O		9		D		
J1555	Inj cuvitru, 100 mg	By Report	By Report	0	0%	0%	0%	9			_		9		N		Υ
J1556	Inj, imm glob bivigam, 500mg	Not Covered	Not Covered	0	0%	0%	0%	9			_		9		X		
J1557	Gammaplex injection	Not Covered	Not Covered	0	0%	0%	0%	9		9	Ŭ		9		X		
J1558	Inj. xembify, 100 mg	Not Covered	Not Covered	0	0%	0%	0%	9			Ū		9		X		
J1559	Hizentra injection	Not Covered	Not Covered	0	0%	0%	0%	9			_		9		X		
J1560	Gamma globulin > 10 cc inj	\$426.93	\$426.93	0	0%	0%	0%	9					9		D		
J1561	Gamunex-c/gammaked	\$41.69	\$41.69	0	0%	0%	0%	9	9	9	9	9	9		D		Υ
J1562	Vivaglobin, inj	Not Covered	Not Covered	0	0%	0%	0%	9	Ů	9	O	•	9		X		
J1566	Immune globulin, powder	\$66.94	\$66.94	0	0%	0%	0%	9	9	9	9	9	9		D		
J1568	Octagam injection	\$38.96	\$38.96	0	0%	0%	0%	9	9	9	9	9	9		D		Υ
J1569	Gammagard liquid injection	\$42.03	\$42.03	0	0%	0%	0%	9	9	9	9	9	9		D		Υ
J1570	Ganciclovir sodium injection	\$9.00	\$9.00	0	0%	0%	0%	9	9	9	9	9	9		D		
J1571	Hepagam b im injection	\$63.67	\$63.67	0	0%	0%	0%	9	9	9	9	9	9		D		Υ
J1572	Flebogamma injection	\$37.43	\$37.43	0	0%	0%	0%	9	9	9	9	9	9		D		Υ
J1573	Hepagam b intravenous, inj	\$104.68	\$104.68	0	0%	0%	0%	9	9	9	9	9	9		D		Υ
J1575	Hyqvia 100mg immuneglobulin	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
J1580	Garamycin gentamicin inj	\$1.94	\$1.94	0	0%	0%	0%	9	9	9	9	9	9		D		
J1595	Injection glatiramer acetate	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
J1599	lvig non-lyophilized, nos	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
J1600	Gold sodium thiomaleate inj	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
J1602	Golimumab for iv use 1mg	\$20.00	\$20.00	0	0%	0%	0%	9	9	9	9	9	9		D		Υ
J1610	Glucagon hydrochloride/1 mg	\$199.13	\$199.13	0	0%	0%	0%	9	9	9	9	9	9		D		
J1620	Gonadorelin hydroch/ 100 mcg	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
J1626	Granisetron hcl injection	\$0.26	\$0.26	0	0%	0%	0%	9	9	9	9	9	9		D		
J1627	Inj, granisetron, xr, 0.1 mg	\$1.03	\$1.03	0	0%	0%	0%	9	9	9	9	9	9		D		
J1628	lnj., guselkumab, 1 mg	\$1,219.00	\$1,219.00	0	0%	0%	0%	9	9	9	9	9	9		D		Υ
J1630	Haloperidol injection	\$0.99	\$0.99	0	0%	0%	0%	9	9	9	9	9	9		D		
J1631	Haloperidol decanoate inj	\$15.65	\$15.65	0	0%	0%	0%	9	9	9	9	9	9		D		
J1640	Hemin, 1 mg	\$24.31	\$24.31	0			0%		9	9	9	9	9		D		
J1642	Inj heparin sodium per 10 u	\$0.01	\$0.01	0	0%	0%	0%	9	9	9	9	9	9		D		
J1644	Inj heparin sodium per 1000u	\$0.25	\$0.25	0	0%	0%	0%	9	9	9	9	9	9		D		
J1645	Dalteparin sodium	\$11.33	\$11.33	0	0%	0%	0%		9	9	9	9	9		D		
J1650	Inj enoxaparin sodium	\$0.69	\$0.69	0	0%	0%	0%	9	9	9	9	9	9		D		
J1652	Fondaparinux sodium	\$1.47	\$1.47	0		0%	0%						9		D		
J1655	Tinzaparin sodium injection	Not Covered	Not Covered	0	0%	0%	0%	9	9	9			9		X		
J1670	Tetanus immune globulin inj	\$535.78	\$535.78	0	0%	0%	0%	9	9	9	9	9	9		D		



	<u> </u>							ODIFIERS					R VALUE	DOLLAR		
PRIO	<b>50</b> 1	ENDO	TSI	CSI						INTRA OP			FACILITY	NON-FACILITY	40005/44750 05000/07/04	HCPCS
IC REQ AUTH	FSI							(26/TC)	(-55)	(-54)	<i>(-</i> 56)	UP	SETTING	SETTING	ABBREVIATED DESCRIPTION	CODE
	D								0%	0%	0%	0	\$4.41	\$4.41	Histrelin acetate	J1675
	Х		9				_		0%	0%	0%	0	Not Covered	Not Covered	Hydrocortisone acetate inj	J1700
	X		9	9	9	9			0%	0%	0%	0	Not Covered	Not Covered	Hydrocortisone sodium ph inj	J1710
	D		9		Ū	_			0%	0%	0%	0	\$14.14	\$14.14	Hydrocortisone sodium succ i	J1720
	Х		9		_				0%	0%	0%	0	Not Covered	Not Covered	Makena, 10 mg	J1726
	Х		9						0%	0%	0%	0	Not Covered	Not Covered	Inj hydroxyprogst capoat nos	J1729
	D		9	9	9	9	9		0%	0%	0%	0	\$54.01	\$54.01	Diazoxide injection	J1730
	D		9		Ū	_			0%	0%	0%	0	\$47.56	\$47.56	Ibandronate sodium injection	J1740
Υ	D		9	9	9				0%	0%	0%	0	\$0.30	\$0.30	Ibuprofen injection	J1741
	D	'	9	9	9	9	9		0%	0%	0%	0	\$237.99	\$237.99	Ibutilide fumarate injection	J1742
	Χ		9	9	9	9	9	9	0%	0%	0%	0	Not Covered	Not Covered	Idursulfase injection	J1743
	X		9		U	9			0%	0%	0%	0	Not Covered	Not Covered	Icatibant injection	J1744
Y	D		9	9	9				0%	0%	0%	0	\$51.20	\$51.20	Infliximab not biosimil 10mg	J1745
Υ	D		9	9	9	9	9	9	0%	0%	0%	0	\$60.16	\$60.16	Inj., ibalizumab-uiyk, 10 mg	J1746
	D		9	9	9	9	9	9	0%	0%	0%	0	\$15.02	\$15.02	Inj iron dextran	J1750
Y	D		9	9	9	9	9	9	0%	0%	0%	0	\$0.21	\$0.21	Iron sucrose injection	J1756
	D		9	9	9	9	9	9	0%	0%	0%	0	\$43.24	\$43.24	Imuglucerase injection	J1786
	D	,	9	9	9	9	9	9	0%	0%	0%	0	\$1.31	\$1.31	Droperidol injection	J1790
	D		9	9	9	9	9	9	0%	0%	0%	0	\$2.44	\$2.44	Propranolol injection	J1800
	Χ		9	9	9	9	9	9	0%	0%	0%	0	Not Covered	Not Covered	Droperidol/fentanyl inj	J1810
	D	ſ	9	9	9	9	9	9	0%	0%	0%	0	\$0.83	\$0.83	Insulin injection	J1815
	D		9	9	9	9	9	9	0%	0%	0%	0	\$10.11	\$10.11	Insulin for insulin pump use	J1817
Υ	D		9	9	9	9	9	9	0%	0%	0%	0	\$3,772.20	\$3,772.20	Interferon beta-1a inj	J1826
	D		9	9	9	9	9	9	0%	0%	0%	0	\$346.17	\$346.17	Interferon beta-1b / .25 mg	J1830
	D	1	9	9	9	9	9	9	0%	0%	0%	0	\$0.96	\$0.96	Injection, isavuconazonium	J1833
	Х	,	9	9	9	9	9	9	0%	0%	0%	0	Not Covered	Not Covered	Itraconazole injection	J1835
	Χ	1	9	9	9	9	9	9	0%	0%	0%	0	Not Covered	Not Covered	Kanamycin sulfate 500 mg inj	J1840
	X		9	9	9	9	9	9	0%	0%	0%	0	Not Covered	Not Covered	Kanamycin sulfate 75 mg inj	J1850
	D		9	9	9	9	9	9	0%	0%	0%	0	\$0.58	\$0.58	Ketorolac tromethamine inj	J1885
	Х	1	9	9	9	9	9	9	0%	0%	0%	0	Not Covered	Not Covered	Cephalothin sodium injection	J1890
	Χ		9	9	9	9	9	9	0%	0%	0%	0	Not Covered	Not Covered	Lanreotide injection	J1930
	D		9	9	9	9	9	9	0%	0%	0%	0	\$32.94	\$32.94	Laronidase injection	J1931
	D		9			9	9	9	0%	0%	0%	0	\$0.60	\$0.60	Furosemide injection	J1940
	Х										0%	0	Not Covered	Not Covered	Inj., aristada initio, 1 mg	J1943
	Χ		9						0%	0%	0%	0	Not Covered	Not Covered	Aripirazole lauroxil 1 mg	J1944
	Х		9						0%	0%	0%	0	Not Covered	Not Covered	Lepirudin	J1945
	D		9						0%	0%	0%	0	\$1,244.34	\$1,244.34	Leuprolide acetate /3.75 mg	J1950
	X		_						0%	0%	0%	0	Not Covered	Not Covered	Levetiracetam injection	J1953
	D		9		_				0%	0%	0%	0	\$20.84	\$20.84	•	
	D		9	_			_		0%	0%	0%	0	\$0.40	\$0.40		
			9									0	· · · · · · · · · · · · · · · · · · ·			
			_												<u> </u>	
												0				
												0				
	D		9 9	9 9 9 9	9 9 9 9	9 9 9 9	9 9	9 9 9	0%	0%	0%	0	\$20.84	\$20.84	Inj levocarnitine per 1 gm Levofloxacin injection Levorphanol tartrate inj Hyoscyamine sulfate inj Chlordiazepoxide injection Lidocaine injection	J1955 J1956 J1960 J1980 J1990 J2001



		DOLLAF	R VALUE					ODIFIERS									
HCPCS	ADDREWATER RECORDINA	NON-FACILITY	FACILITY	_		INTRA OP						CSI	TSI	ENDO	<b>50</b> 1	LIC DEO	PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)						•	BASE		LIC REQ	AUTH
	Lincomycin injection	\$11.47	\$11.47	0	0%	0%	0%				-				D		
	Linezolid injection	\$6.46	\$6.46	0	0%	0%	0%		_					_	D		
J2060	Lorazepam injection	\$0.69	\$0.69	0	0%	0%	0%	9					9	)	D		
J2062	Loxapine for inhalation 1 mg	\$16.20	\$16.20	0	0%	0%	0%	9		9	·		9	)	D		Υ
	Mannitol injection	\$1.94	\$1.94	0	0%	0%	0%		_	9	_		9	)	D		
	Mecasermin injection	Not Covered	Not Covered	0	0%	0%	0%						<u> </u>		X		
	Meperidine hydrochl /100 mg	\$7.41	\$7.41	0	0%	0%	0%	9			<u> </u>		9	)	D		
	Meperidine/promethazine inj	Not Covered	Not Covered	0	0%	0%	0%	9	_		·		9	4	X		
	Injection, mepolizumab, 1mg	\$29.05	\$29.05	0	0%	0%	0%			9	_		9	)	D		Υ
	Meropenem	\$0.79	\$0.79	0	0%	0%	0%			9			9	)	D		
	Methylergonovin maleate inj	Not Covered	Not Covered	0	0%	0%	0%	9					9	)	X		
	Methylnaltrexone injection	\$0.59	\$0.59	0	0%	0%	0%	9			U				D		Υ
	Micafungin sodium injection	\$1.05	\$1.05	0	0%	0%	0%							4	D		
	Inj midazolam hydrochloride	\$0.11	\$0.11	0	0%	0%	0%	9	9	9	9	9	9	)	D		
J2260	Inj milrinone lactate / 5 mg	\$1.43	\$1.43	0	0%	0%	0%	9	9	9	9	9	9	)	D		
J2265	Minocycline hydrochloride	\$0.71	\$0.71	0	0%	0%	0%	9	9	9	9	9	9	)	D		
J2270	Morphine sulfate injection	\$3.72	\$3.72	0	0%	0%	0%	9	9	9	9	9	9	)	D		
J2274	Inj morphine pf epid ithc	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
J2278	Ziconotide injection	\$8.30	\$8.30	0	0%	0%	0%	9	9	9	9	9	9	)	D		Υ
J2280	Inj, moxifloxacin 100 mg	\$8.74	\$8.74	0	0%	0%	0%	9	9	9	9	9	S.	)	D		
J2300	Inj nalbuphine hydrochloride	\$2.37	\$2.37	0	0%	0%	0%	9	9	9	9	9	9	)	D		
J2310	Inj naloxone hydrochloride	\$14.22	\$14.22	0	0%	0%	0%	9	9	9	9	9	9	)	D		
J2315	Naltrexone, depot form	\$3.24	\$3.24	0	0%	0%	0%	9	9	9	9	9	Q.	)	D		Υ
J2320	Nandrolone decanoate 50 mg	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
J2323	Natalizumab injection	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Х		
J2325	Nesiritide injection	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
J2326	Inj, nusinersen, 0.1mg	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	S	)	X		
J2350	Injection, ocrelizumab, 1 mg	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
J2353	Octreotide injection, depot	\$207.22	\$207.22	0	0%	0%	0%	9	9	9	9	9	9	)	D		Υ
J2354	Octreotide inj, non-depot	\$0.83	\$0.83	0	0%	0%	0%	9	9	9	9	9	9	)	D		Υ
	Oprelvekin injection	\$467.22	\$467.22	0	0%	0%	0%	9	9	9	9	9	9	)	D		
J2357	Omalizumab injection	\$37.69	\$37.69	0	0%	0%	0%	9	9	9	9	9	9	)	D		
J2358	Olanzapine long-acting inj	\$2.92	\$2.92	0	0%	0%	0%	9	9	9	9	9	9	)	D		Υ
	Orphenadrine injection	\$6.51	\$6.51	0	0%	0%	0%	9					9		D		
	Phenylephrine hcl injection	\$1.92	\$1.92	0	0%	0%	0%						g	)	D		
	Chloroprocaine hcl injection	\$19.25	\$19.25	0	0%	0%	0%						9	)	D		
	Ondansetron hcl injection	\$0.10	\$0.10	0	0%	0%	0%						9		D		
	Injection, oritavancin	\$23.96	\$23.96	0		0%	0%						_		D		
	Oxymorphone hcl injection	\$3.75	\$3.75	0	0%	0%	0%				_				D		
	Palifermin injection	Not Covered	Not Covered	0	0%	0%	0%								X		
	Paliperidone palmitate inj	\$12.03	\$12.03	0		0%	0%						9		D		
	Pamidronate disodium /30 mg	\$12.63	\$12.63	0		0%	0%								D		
	Papaverin hcl injection	\$22.36	\$22.36	0	0%	0%	0%						_		D		
	Oxytetracycline injection	Not Covered	Not Covered	0	0%	0%	0%								X		



		DOLLAF	R VALUE					ODIFIERS									
HCPCS	455551//4TES 55050515101/	NON-FACILITY	FACILITY			INTRA OP						CSI	TSI	ENDO	<b>50</b> /	550	PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)							BASE	FSI	LIC REQ	AUTH
J2469	Palonosetron hcl	\$3.76	\$3.76	0	0%	0%	0%	9			-				D		
J2501	Paricalcitol	\$0.73	\$0.73	0	0%	0%	0%	9	_				_		D		
J2502	Inj, pasireotide long acting	\$246.17	\$246.17	0	0%	0%	0%	9					9		D		
J2503	Pegaptanib sodium injection	Not Covered	Not Covered	0	0%	0%	0%	9			_		9	)	X		
J2504	Pegademase bovine, 25 iu	Not Covered	Not Covered	0	0%	0%	0%	9	-	9	_		9		X		
J2505	Injection, pegfilgrastim 6mg	Not Covered	Not Covered	0	0%	0%	0%	9							Χ		
J2507	Pegloticase injection	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
J2510	Penicillin g procaine inj	\$30.29	\$30.29	0	0%	0%	0%	9	_		·		9	)	D		
J2513	Pentastarch 10% solution	Not Covered	Not Covered	0	0%	0%	0%	9		9	_		9		X		
J2515	Pentobarbital sodium inj	Not Covered	Not Covered	0	0%	0%	0%	9		9			9		Χ		
J2540	Penicillin g potassium inj	\$1.11	\$1.11	0	0%	0%	0%	9					9	)	D		
J2543	Piperacillin/tazobactam	\$1.68	\$1.68	0	0%	0%	0%	9			U				D		
J2545	Pentamidine non-comp unit	\$107.34	\$107.34	0	0%	0%	0%	9					Ŭ		D		
J2547	Injection, peramivir	\$0.10	\$0.10	0	0%	0%	0%	9		9	9	9	9	)	D		
<mark>J2550</mark>	Promethazine hcl injection	\$2.23	\$2.23	0	0%	0%	0%	9	9	9	9	9	9		D		
<mark>J2560</mark>	Phenobarbital sodium inj	\$42.59	\$42.59	0	0%	0%	0%	9	_	9	J		9	)	D		
J2562	Plerixafor injection	\$364.24	\$364.24	0	0%	0%	0%	9	9	9	9	9	9		D		Υ
J2590	Oxytocin injection	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
J2597	Inj desmopressin acetate	\$11.06	\$11.06	0	0%	0%	0%	9	9	9	9	9	9		D		
J2650	Prednisolone acetate inj	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
J2670	Totazoline hcl injection	Not Covered	Not Covered	0	0%	0%	0%	9			_		9		Χ		
J2675	Inj progesterone per 50 mg	Not Covered	Not Covered	0	0%	0%	0%	9		9	9	9	9		Χ		
J2680	Fluphenazine decanoate 25 mg	\$11.45	\$11.45	0	0%	0%	0%	9	9	9	9	9	9		D		
J2690	Procainamide hcl injection	\$90.52	\$90.52	0	0%	0%	0%	9	9	9	9	9	9		D		
J2700	Oxacillin sodium injeciton	\$1.13	\$1.13	0	0%	0%	0%	9	9	9	9	9	9		D		
J2704	Inj, propofol, 10 mg	\$0.11	\$0.11	0	0%	0%	0%	9	9	9	9	9	9		D		
J2710	Neostigmine methylslfte inj	\$1.69	\$1.69	0	0%	0%	0%	9	9	9	9	9	9		D		
J2720	Inj protamine sulfate/10 mg	\$0.88	\$0.88	0	0%	0%	0%	9	9	9	9	9	9		D		
J2724	Protein c concentrate	\$15.06	\$15.06	0	0%	0%	0%	9		9	_		9		D		Υ
J2725	Inj protirelin per 250 mcg	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
J2730	Pralidoxime chloride inj	\$93.64	\$93.64	0	0%	0%	0%	9	9	9	9	9	9		D		
J2760	Phentolaine mesylate inj	\$374.74	\$374.74	0	0%	0%	0%	9			•		9		D		
J2765	Metoclopramide hcl injection	Not Covered	Not Covered	0			0%								X		
J2770	Quinupristin/dalfopristin	\$457.88	\$457.88	0	0%	0%	0%	9	9	9	9	9	9		D		
J2778	Ranibizumab injection	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
J2780	Ranitidine hydrochloride inj	\$3.91	\$3.91	0	0%	0%	0%	9	9	9	9	9	9		D		
J2783	Rasburicase	Not Covered	Not Covered	0	0%	0%	0%		9				9		Χ		
J2785	Regadenoson injection	\$59.18	\$59.18	0	0%	0%	0%	9	9	9	9	9	9		D		Υ
J2786	Injection, reslizumab, 1mg	\$9.78	\$9.78	0	0%	0%	0%	9	9	9	9	9	9		D		Υ
J2788	Rho d immune globulin 50 mcg	\$25.93	\$25.93	0	0%	0%	0%	9	9	9	9	9	9		D		
J2790	Rho d immune globulin inj	\$84.90	\$84.90	0		0%	0%						9		D		
J2791	Rhophylac injection	\$4.75	\$4.75	0	0%	0%	0%	9	9	9	9	9	9		D		Υ
J2792	Rho(d) immune globulin h, sd	\$29.72	\$29.72	0	0%	0%	0%		9	9			9		D		
J2793	Rilonacept injection	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		



		DOLLAF	R VALUE					ODIFIERS									
HCPCS	400051//4750 05000107/04	NON-FACILITY	FACILITY	_		_						CSI	TSI	ENDO	<b>50</b> /		PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)						(-66)	BASE	FSI	LIC REQ	AUTH
J2794	Inj risperdal consta, 0.5 mg	\$10.44	\$10.44	0		0%	0%				-				D		
J2795	Ropivacaine hcl injection	\$0.08	\$0.08	0		0%	0%		_				9		D		
J2796	Romiplostim injection	\$77.64	\$77.64	0	0%	0%	0%	9		9			9		D		Υ
J2797	Inj., rolapitant, 0.5 mg	Not Covered	Not Covered	0	0%	0%	0%	9		9	_		9		X		Υ
J2798	Inj., perseris, 0.5 mg	Not Covered	Not Covered	0	0%	0%	0%		-	9	_		9		X		
J2800	Methocarbamol injection	\$6.28	\$6.28	0		0%	0%						<u> </u>		D		
J2805	Sincalide injection	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
J2810	Inj theophylline per 40 mg	\$0.31	\$0.31	0	0%	0%	0%	9		_	·		9		D		
J2820	Sargramostim injection	\$47.96	\$47.96	0	0,0	0%	0%			9	_		9		D		
J2840	Inj sebelipase alfa 1 mg	Not Covered	Not Covered	0	0%	0%	0%			9			9	)	Χ		
J2850	Inj secretin synthetic human	Not Covered	Not Covered	0	0%	0%	0%	9					9		X		
J2860	Injection, siltuximab	Not Covered	Not Covered	0	0%	0%	0%	9			Ū				X		
J2910	Aurothioglucose injection	Not Covered	Not Covered	0	0%	0%	0%								X		
J2916	Na ferric gluconate complex	\$1.94	\$1.94	0		0%	0%			9			9	)	D		
J2920	Methylprednisolone injection	\$4.52	\$4.52	0	0%	0%	0%	9	9	9	9	9	9		D		
J2930	Methylprednisolone injection	\$6.72	\$6.72	0	0%	0%	0%	9	_	9	J		9	)	D		
J2940	Somatrem injection	Not Covered	Not Covered	0	0%	0%	0%		_		_		9	)	Χ		
J2941	Somatropin injection	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
J2950	Promazine hcl injection	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
J2993	Reteplase injection	Not Covered	Not Covered	0	0%	0%	0%	9					9	)	X		
J2995	Inj streptokinase /250000 iu	Not Covered	Not Covered	0		0%	0%				_				Χ		
J2997	Alteplase recombinant	\$87.89	\$87.89	0		0%	0%						9	)	D		
J3000	Streptomycin injection	\$38.61	\$38.61	0	0%	0%	0%	9	9	9	9	9	9	)	D		
J3010	Fentanyl citrate injection	\$0.91	\$0.91	0	0%	0%	0%	9	_	9	O	•	9	)	D		
J3030	Sumatriptan succinate / 6 mg	\$25.92	\$25.92	0	0,0	0%	0%			9			9		D		
J3031	Inj., fremanezumab-vfrm 1 mg	By Report	By Report	0	0%	0%	0%			9			9	)	N		
J3060	Inj, taliglucerase alfa 10 u	Not Covered	Not Covered	0	0%	0%	0%	9			Ŭ		9		X		
J3070	Pentazocine injection	\$108.39	\$108.39	0	0%	0%	0%	9			U		9		D		
J3090	Inj tedizolid phosphate	\$1.59	\$1.59	0		0%	0%			9	_		9		D		
J3095	Telavancin injection	\$5.51	\$5.51	0		0%	0%	9		9			9	)	D		
J3101	Tenecteplase injection	\$129.06	\$129.06	0	0%	0%	0%	9	9	9	9	9	9		D		
J3105	Terbutaline sulfate inj	\$1.32	\$1.32	0	0%	0%	0%	9			·		9		D		
J3110	Teriparatide injection	Not Covered	Not Covered	0			0%								X		
J3111	Inj. romosozumab-aqqg 1 mg	\$9.05	\$9.05	0			0%						9	)	D		
J3121	Inj testostero enanthate 1mg	\$0.05	\$0.05	0	0%	0%	0%						9	)	D		
J3145	Testosterone undecanoate 1mg	\$1.49	\$1.49	0	0%	0%	0%			9			9	)	D		
J3230	Chlorpromazine hcl injection	\$33.29	\$33.29	0			0%								D		
J3240	Thyrotropin injection	\$1,759.98	\$1,759.98	0			0%						9		D		
J3243	Tigecycline injection	\$1.45	\$1.45	0	0%	0%	0%						9		D		
J3245	Inj., tildrakizumab, 1 mg	By Report	By Report	0	0%	0%	0%				•		9		N		Υ
J3246	Tirofiban hcl	\$11.18	\$11.18	0			0%								D		
J3250	Trimethobenzamide hcl inj	\$36.82	\$36.82	0			0%								D		
J3260	Tobramycin sulfate injection	\$3.45	\$3.45	0	0%	0%	0%								D		
J3262	Tocilizumab injection	\$5.30	\$5.30	0	0%	0%	0%	9	9	9	9	9	9		D		Υ



		DOLLAR	R VALUE				МС	DIFIERS	6								
HCPCS		NON-FACILITY	FACILITY			INTRA OP								ENDO			PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)		(26/TC)							FSI	LIC REQ	AUTH
J3265	Injection torsemide 10 mg/ml	\$2.22	\$2.22	0	0%	0%	0%	9			9	9	Ū		D		
J3280	Thiethylperazine maleate inj	Not Covered	Not Covered	0	0%	0%	0%	9			9	9	Ŭ		X		
J3285	Treprostinil injection	Not Covered	Not Covered	0	0%	0%	0%	9			9	9	9		X		
J3300	Triamcinolone a inj prs-free	\$3.83	\$3.83	0	0%	0%	0%	9			9	9	9		D		
J3301	Triamcinolone acet inj nos	\$1.48	\$1.48	0	0%	0%	0%	9			9	9	Ū		D		
J3302	Triamcinolone diacetate inj	Not Covered	Not Covered	0	0%	0%	0%	9			9	9	Ŭ		X		
J3303	Triamcinolone hexacetonl inj	\$0.61	\$0.61	0	0%	0%	0%	9			9	9	9		D		
J3304	Inj triamcinolone ace xr 1mg	\$18.31	\$18.31	0	0%	0%	0%	9	•		9	9	9		D		Υ
J3305	Inj trimetrexate glucoronate	Not Covered	Not Covered	0	0%	0%	0%	9			9	9	9		X		
J3310	Perphenazine injection	Not Covered	Not Covered	0	0%	0%	0%	9			9	9	J		X		
J3315	Triptorelin pamoate	Not Covered	Not Covered	0	0%	0%	0%	9			9	9	9		X		
J3316	Inj., triptorelin xr 3.75 mg	Not Covered	Not Covered	0	0%	0%	0%	9			9	9	9		X		
J3320	Spectinomycn di-hcl inj	Not Covered	Not Covered	0	0%	0%	0%	9			9	9	9		X		
J3350	Urea injection	Not Covered	Not Covered	0	0%	0%	0%	9			9	9	9		X		
J3355	Urofollitropin, 75 iu	Not Covered	Not Covered	0	0%	0%	0%	9			9	9	9		X		\ .
J3357	Ustekinumab sub cu inj, 1 mg	\$188.24	\$188.24	0	0%	0%	0%	9			9	9	9		D		Υ
J3358	Ustekinumab, iv inject, 1 mg	\$12.17	\$12.17	0	0%	0%	0%	9			9	9	U		D		Υ
J3360	Diazepam injection	\$6.34	\$6.34	0	0%	0%	0%	9			9	9	Ŭ		D		
J3364	Urokinase 5000 iu injection	Not Covered	Not Covered	0	0%	0%	0%	9			9	9	9		X		
J3365	Urokinase 250,000 iu inj	Not Covered	Not Covered	0	0%	0%	0%	9	9		9	9	9		X		
J3370	Vancomycin hcl injection	\$2.77	\$2.77	0	0%	0%	0%	9			9	9	9		D		
J3380	Injection, vedolizumab	\$20.66	\$20.66	0	0%	0%	0%	9			9	9	Ŭ		D		
J3385	Velaglucerase alfa	Not Covered	Not Covered	0	0%	0%	0%	9			9	9	9		X		
J3396	Verteporfin injection	Not Covered	Not Covered	0	0%	0%	0%	9			9	9	9		X		
J3397	Inj., vestronidase alfa-vjbk	Not Covered	Not Covered	0	0%	0%	0%	9			9	9	9		X		
J3398	Inj luxturna 1 billion vec g	Not Covered	Not Covered	0	0%	0%	0%	9			9	9	Ŭ		X		
J3399	Inj onase abepar-xioi treat	Not Covered	Not Covered	0	0%	0%	0%	9			9	9	Ŭ		X		
J3400	Triflupromazine hcl inj	Not Covered	Not Covered	0	0%	0%	0%	9	,		9	9	9		X		
J3410	Hydroxyzine hcl injection	\$6.98	\$6.98	0	0%	0%	0%	9			9	9	•		D		V
J3411	Thiamine hcl 100 mg	\$2.76	\$2.76	0	0%	0%	0%	9			9	9	9		D		Y
J3415	Pyridoxine hcl 100 mg	\$7.91	\$7.91	0	0%	0%	0%	9	9		9	9	9		D		Υ
J3420	Vitamin b12 injection	\$1.72	\$1.72	0	0%	0%	0%	9	9		9	9	9		D		
J3430	Vitamin k phytonadione inj	\$4.06	\$4.06	0	0%	0%	0%			9					D		
J3465	Injection, voriconazole	\$1.49	\$1.49	0	0%	0%	0%				9	9			D		
J3470	Hyaluronidase injection	\$60.26	\$60.26	0	0%	0%	0%	9			9	9	_		D D		
J3471	Ovine, up to 999 usp units	\$0.45	\$0.45	0	0%	0%	0%	9			9	9	9				
J3472	Ovine, 1000 usp units	\$329.63	\$329.63	0	0%	0%	0%	9							D		
J3473	Hyaluronidase recombinant	\$0.36	\$0.36	0	0%	0%	0%				9	_			D		
J3475	Inj magnesium sulfate	\$0.64	\$0.64	0	0%	0%	0%	9			9	9	9		D D		
J3480	Inj potassium chloride	\$0.18	\$0.18	0	0%	0%	0%	9	•		9	9	U				
J3485	Zidovudine	\$1.51 \$1.7.22	\$1.51	0	0%	0%	0%				9	9	9		D		
J3486	Ziprasidone mesylate	\$17.22	\$17.22	0	0%	0%	0%				9				D		V
J3489	Zoledronic acid 1mg	\$11.39	\$11.39	0	0%	0%	0%	9			9	9			D		Υ
J3490	Drugs unclassified injection	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		



		DOLLA	R VALUE					ODIFIERS									
HCPCS CODE	ABBREVIATED DESCRIPTION	NON-FACILITY SETTING	FACILITY SETTING	FOL UP	PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	<i>PCTC</i> (26/TC)					_	ENDO BASE	FSI	LIC REQ	PRIOR AUTH
J3520	Edetate disodium per 150 mg	Not Covered	Not Covered	0	0%	0%	0%					_			Χ	2.0 1.2 <	7.0777
J3530	Nasal vaccine inhalation	Not Covered	Not Covered	0	0%	0%	0%			9	_		9		X		<del>  </del>
J3535	Metered dose inhaler drug	Bundled	Bundled	0	0%	0%	0%	9			_	_	9		A B		
J3570	Laetrile amygdalin vit b17	Not Covered	Not Covered	0	0%	0%	0%	9					9		۷		
J3590	Unclassified biologics	By Report	By Report	0	0%	0%	0%				1		9		N		
J3590	Esrd on dialysi drug/bio noc	Not Covered	Not Covered	0	0%	0%	0%			9			9		X		_
J7030	Normal saline solution infus	\$2.55	\$2.55	0	0%	0%	0%	9				_	9		^ D		
J7040	Normal saline solution infus	\$1.28	\$1.28	0	0%	0%	0%	9	9	9			9		D		
J7040	5% dextrose/normal saline	\$1.02	\$1.02	0	0%	0%	0%	_	_	O	U		9		D		
J7050	Normal saline solution infus	\$0.64	\$0.64	0	0%	0%	0%						9		D		
J7060	5% dextrose/water	\$1.78	\$1.78	0	0%	0%	0%	9					9		D D		
J7070	D5w infusion	\$3.51	\$3.51	0	0%	0%	0%	9		9			9		D		
J7100	Dextran 40 infusion	\$24.53	\$24.53	0	0%	0%	0%			Ū	1		9		D D		
J7110	Dextran 75 infusion	·	Not Covered	0	0%	0%	0%						Ü		X		
J7110 J7120		Not Covered \$2.34	\$2.34	0	0%	0%	0%	9			_		9		^ D		
	Ringers lactate infusion			0				9		9			9		ח		
J7121	5% dextrose in lac ringers	\$28.15 \$1.61	\$28.15 \$1.61	0	0% 0%	0% 0%	0% 0%	Ü	Ů	9	U	•	9		<del>ال</del> D		
J7131	Hypertonic saline sol	·	·	Ť									, ,				\ <u>\</u>
J7169	Inj andexxa, 10 mg	\$155.00	\$155.00	0	0%	0%	0%			9	_		9		D		Y
J7170	Inj., emicizumab-kxwh 0.5 mg	Not Covered	Not Covered	0	0%	0%	0%	9			Ū		9		X		\ <u></u>
J7175	Inj, factor x, (human), 1iu	\$7.88	\$7.88	0	0%	0%	0%	9			J		9		D		Y
J7177	Inj., fibryga, 1 mg	Not Covered	Not Covered	0	0%	0%	0%						9		X		<u></u>
J7178	Inj human fibrinogen con nos	\$1.24	\$1.24	0	0%	0%	0%	9		9			9		D		\ <u>\</u>
J7179	Vonvendi inj 1 iu vwf:rco	\$1.80	\$1.80	0	0%	0%	0%	9					9		D		Υ
J7180	Factor xiii anti-hem factor	Not Covered	Not Covered	0	0%	0%	0%	9		9	O		9		X		
J7181	Factor xiii recomb a-subunit	\$15.57	\$15.57	0	0%	0%	0%				_				D		Υ
J7182	Factor viii recomb novoeight	\$1.30	\$1.30	0	0%	0%	0%						9		D		Υ
J7183	Wilate injection	Not Covered	Not Covered	0	0%	0%	0%	9		·	Ŭ		9		X		
J7185	Xyntha inj	\$1.25	\$1.25	0	0%	0%	0%	9		9	Ü		9		D		
J7186	Antihemophilic viii/vwf comp	\$1.11	\$1.11	0	0%	0%	0%				_		9		D		
J7187	Humate-p, inj	\$1.21	\$1.21	0	0%	0%	0%	9			_		9		D		Υ
J7188	Factor viii recomb obizur	\$3.19	\$3.19	0	0%	0%	0%	9	9	9			9		D		
J7189	Factor viia	\$2.25	\$2.25	0	0%	0%	0%	9			U		9		D		
J7190	Factor viii	\$1.20	\$1.20	0			0%								D		
J7191	Factor viii (porcine)	\$5.57	\$5.57	0	0%	0%	0%						9		D		
J7192	Factor viii recombinant nos	\$1.37	\$1.37	0	0%	0%	0%						9		D		
J7193	Factor ix non-recombinant	\$1.17	\$1.17	0	0%	0%	0%						9		D		Y
J7194	Factor ix complex	\$1.51	\$1.51	0			0%								D		
J7195	Factor ix recombinant nos	\$1.54	\$1.54	0		0%	0%			9			9		D		Υ
J7196	Antithrombin recombinant	\$3.03	\$3.03	0	0%	0%	0%			9			9		D		Υ
J7197	Antithrombin iii injection	\$3.47	\$3.47	0	0%	0%	0%		9	9	9	9	9		D		
J7198	Anti-inhibitor	\$2.03	\$2.03	0	0%	0%	0%						9		D		
J7199	Hemophilia clot factor noc	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		Ν		
J7200	Factor ix recombinan rixubis	\$1.45	\$1.45	0	0%	0%	0%	9	9	9	9	9	9		D		
J7201	Factor ix alprolix recomb	\$3.25	\$3.25	0	0%	0%	0%	9	9	9	9	9	9		D		Υ



		DOLLAF	R VALUE					ODIFIERS									
HCPCS	40005144750 05000071014	NON-FACILITY	FACILITY			INTRA OP							TSI	ENDO	<b>50</b> /	/ /O DEO	PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)						(-66)	BASE	FSI	LIC REQ	AUTH
J7202	Factor ix idelvion inj	\$4.44	\$4.44	0		0%	0%								D		Υ
J7203	Factor ix recomb gly rebinyn	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
J7204	Inj recombin esperoct per iu	By Report	By Report	0	0%	0%	0%	9		9	9	9	9	)	N		Υ
J7205	Factor viii fc fusion recomb	\$2.16	\$2.16	0	0%	0%	0%	9			Ŭ		9	)	D		
J7207	Factor viii pegylated recomb	\$1.87	\$1.87	0	0%	0%	0%		_		_		9		D		Υ
J7208	lnj. jivi 1 iu	\$2.02	\$2.02	0		0%	0%			9	9	9	9		D		Υ
<mark>J7209</mark>	Factor viii nuwiq recomb 1iu	\$1.34	\$1.34	0	0%	0%	0%	9	9	9	9	9	9		D		Υ
J7210	Inj, afstyla, 1 i.u.	\$1.35	\$1.35	0	0%	0%	0%	9	9	9	9	9	9		D		Υ
J7211	lnj, kovaltry, 1 i.u.	\$1.23	\$1.23	0	0%	0%	0%	9	9	9	9	9	9		D		Υ
J7296	Kyleena, 19.5 mg	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
J7297	Liletta, 52 mg	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
J7298	Mirena, 52 mg	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
J7300	Intraut copper contraceptive	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Х		
J7301	Skyla, 13.5 mg	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
J7303	Contraceptive vaginal ring	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
J7304	Contraceptive hormone patch	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
J7306	Levonorgestrel implant sys	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Х		
J7307	Etonogestrel implant system	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Х		
J7308	Aminolevulinic acid hcl top	Not Covered	Not Covered	0	0%	0%	0%	9			_	_	9	)	X		
J7309	Methyl aminolevulinate, top	Not Covered	Not Covered	0	0%	0%	0%	9		9			9		Χ		Υ
J7310	Ganciclovir long act implant	Not Covered	Not Covered	0		0%	0%						9	)	Х		
J7311	Inj., retisert, 0.01 mg	\$341.30	\$341.30	0		0%	0%						9	1	D		Υ
J7312	Dexamethasone intra implant	\$200.08	\$200.08	0	0%	0%	0%	9							D		Υ
J7313	Inj., iluvien, 0.01 mg	\$490.80	\$490.80	0	0%	0%	0%	9	_			_	9		D		
J7314	Inj., yutiq, 0.01 mg	\$491.13	\$491.13	0		0%	0%	_	_			•	9		D		
J7315	Ophthalmic mitomycin	\$215.40	\$215.40	0	0%	0%	0%					_	9		D		Υ
J7316	Inj, ocriplasmin, 0.125 mg	Not Covered	Not Covered	0	0%	0%	0%	9					9	)	X		·
J7318	Inj, durolane 1 mg	\$6.50	\$6.50	0	0%	0%	0%	9					_		D		Υ
J7320	Genvisc 850, inj, 1mg	\$6.44	\$6.44	0		0%	0%								D		Y
J7321	Hyalgan supartz visco-3 dose	\$75.73	\$75.73	0		0%	0%						Ĭ		D		Ϋ́
J7322	Hymovis injection 1 mg	\$7.26	\$7.26	0	0%	0%	0%	9			_		9		D		'
J7323	Euflexxa inj per dose	\$149.23	\$149.23	0	0%	0%	0%	9					9		D		V
J7324	Orthovisc inj per dose	\$133.54	\$133.54	0							_				D		Y
J7325	Synvisc or synvisc-one	\$11.19	\$11.19	0											D		Ϋ́
J7326	Gel-one	\$527.87	\$527.87	0	0%	0%	0%								D		V
J7327	Monovisc inj per dose	\$766.34	\$766.34	0	0%	0%	0%							1	D		Y
				0			0%						_		N		1
J7328 J7329	Gelsyn-3 injection 0.1 mg	By Report \$8.15	By Report \$8.15	0			0%							1	D		Υ
	Inj, trivisc 1 mg			0		0%	0%										ī
J7330	Cultured chondrocytes implnt	Not Covered	Not Covered	0	0%								, i		X		
J7331	Synojoynt, inj., 1 mg	By Report	By Report	0	0%	0%	0%						_		N N		
J7332	Inj., triluron, 1 mg	By Report	By Report	0			0%								N		V
J7333	Visco-3 inj dose	By Report	By Report	0			0%								N		Υ
J7336	Capsaicin 8% patch	\$3.25	\$3.25	0	0%	0%	0%								D		Υ
J7340	Carbidopa levodopa ent 100ml	\$221.96	\$221.96	0	0%	0%	0%	9	9	9	9	9	9		D		



		DOLLAF	R VALUE					ODIFIERS									
HCPCS CODE	ABBREVIATED DESCRIPTION	NON-FACILITY SETTING	FACILITY SETTING	FOL UP	PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	<i>PCTC</i> (26/TC)				CSI (-62)		ENDO BASE	FSI	LIC REQ	PRIOR AUTH
J7342	Ciprofloxacin otic susp 6 mg	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
J7345	Aminolevulinic acid, 10% gel	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
J7401	Mometasone furoate sinus imp	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
J7500	Azathioprine oral 50mg	\$0.06	\$0.06	0	0%	0%	0%	9	9	9	9	9	9		D		
J7501	Azathioprine parenteral	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
J7502	Cyclosporine oral 100 mg	\$2.12	\$2.12	0	0%	0%	0%	9	9	9	9	9	9		D		Υ
J7503	Tacrol envarsus ex rel oral	\$1.38	\$1.38	0	0%	0%	0%	9	9	9	9	9	9		D		
J7504	Lymphocyte immune globulin	\$2,225.62	\$2,225.62	0	0%	0%	0%	9	9	9	9	9	9		D		
J7505	Monoclonal antibodies	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
J7507	Tacrolimus imme rel oral 1mg	\$0.52	\$0.52	0	0%	0%	0%	9	9	9	9	9	9		D		
J7508	Tacrol astagraf ex rel oral	\$0.45	\$0.45	0	0%	0%	0%	9	9	9	9	9	9		D		Υ
J7509	Methylprednisolone oral	\$0.39	\$0.39	0	0%	0%	0%	9					9		D		
J7510	Prednisolone oral per 5 mg	\$0.10	\$0.10	0	0%	0%	0%	9			1		9		D		
J7511	Antithymocyte globuln rabbit	\$779.00	\$779.00	0	0%	0%	0%	9					9		D		Υ
J7512	Prednisone ir or dr oral 1mg	By Report	By Report	0	0%	0%	0%	9			_		9		N		
J7513	Daclizumab, parenteral	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
J7515	Cyclosporine oral 25 mg	\$0.70	\$0.70	0	0%	0%	0%	9	9	9	9	9	9		D		Υ
J7516	Cyclosporin parenteral 250mg	\$61.70	\$61.70	0	0%	0%	0%	9		9			9		D		Υ
J7517	Mycophenolate mofetil oral	\$0.41	\$0.41	0	0%	0%	0%	9		9	_	_	9		D		Υ
J7518	Mycophenolic acid	Not Covered	Not Covered	0	0%	0%	0%	9					9		X		
J7520	Sirolimus, oral	\$6.71	\$6.71	0	0%	0%	0%	9			1		9		D		
J7525	Tacrolimus injection	\$212.17	\$212.17	0	0%	0%	0%	9		9			9		D		
J7527	Oral everolimus	\$8.89	\$8.89	0	0%	0%	0%	9					9		D		Υ
J7599	Immunosuppressive drug noc	Bundled	Bundled	0	0%	0%	0%	9		9			9		В		
J7604	Acetylcysteine comp unit	Not Covered	Not Covered	0	0%	0%	0%	9		9			9		X		
J7605	Arformoterol non-comp unit	\$11.00	\$11.00	0	0%	0%	0%	9					9		D		
J7606	Formoterol fumarate, inh	\$11.64	\$11.64	0	0%	0%	0%	9			_		9		D		
J7607	Levalbuterol comp con	Not Covered	Not Covered	0	0%	0%	0%	9		9			9		X		
J7608	Acetylcysteine non-comp unit	\$5.48	\$5.48	0	0%	0%	0%			9			9		D		
J7609	Albuterol comp unit	Not Covered	Not Covered	0	0%	0%	0%	9					9		X		
J7610	Albuterol comp con	Not Covered	Not Covered	0	0%	0%	0%	9					9		Χ		
J7611	Albuterol non-comp con	\$0.16	\$0.16	0	0%	0%	0%	9		9			9		D		
J7612	Levalbuterol non-comp con	\$0.44	\$0.44	0			0%	9	9	9			9		D		
J7613	Albuterol non-comp unit	\$0.05	\$0.05	0	0%	0%	0%								D		
J7614	Levalbuterol non-comp unit	\$0.13	\$0.13	0	0%	0%	0%	9					9		D		
J7615	Levalbuterol comp unit	Not Covered	Not Covered	0	0%	0%	0%	9							X		
J7620	Albuterol ipratrop non-comp	\$0.15	\$0.15	0	0%		0%						9		D		
J7622	Beclomethasone comp unit	Not Covered	Not Covered	0	0%	0%	0%						9		X		1
J7624	Betamethasone comp unit	Not Covered	Not Covered	0	0%	0%	0%				_		9		X		
J7626	Budesonide non-comp unit	\$1.78	\$1.78	0	0%	0%	0%						9		D		
J7627	Budesonide comp unit	Not Covered	Not Covered	0	0%	0%	0%				_		9		X		
J7628	Bitolterol mesylate comp con	Not Covered	Not Covered	0	0%	0%	0%								X		
J7629	Bitolterol mesylate comp unt	Not Covered	Not Covered	0	0%	0%	0%								X		
J7631	Cromolyn sodium noncomp unit	\$4.02	\$4.02	0	0%	0%	0%								D		



		DOLLAI	R VALUE					ODIFIERS									
HCPCS	400051//4750 05000/07/04	NON-FACILITY	FACILITY			INTRA OP						CSI	TSI	ENDO	<b>50</b> /	550	PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)							BASE	FSI	LIC REQ	AUTH
J7632	Cromolyn sodium comp unit	Not Covered	Not Covered	0		0%	0%								X		
J7633	Budesonide non-comp con	\$4.71	\$4.71	0		0%	0%					_	_	_	D		
J7634	Budesonide comp con	Not Covered	Not Covered	0	0%	0%	0%					_	9	)	X		
J7635	Atropine comp con	Not Covered	Not Covered	0	0%	0%	0%	9			Ŭ		9	)	X		
J7636	Atropine comp unit	Not Covered	Not Covered	0	0%	0%	0%				_		9	)	X		
J7637	Dexamethasone comp con	Not Covered	Not Covered	0		0%	0%						9	)	Χ		
J7638	Dexamethasone comp unit	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
J7639	Dornase alfa non-comp unit	\$47.79	\$47.79	0	0%	0%	0%	9	9	9	9	9	9	4	D		
J7640	Formoterol comp unit	\$2.81	\$2.81	0	0%	0%	0%		9	9	9	9	9	)	D		<u> </u>
J7641	Flunisolide comp unit	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	)	Ν		
J7642	Glycopyrrolate comp con	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
J7643	Glycopyrrolate comp unit	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
J7644	Ipratropium bromide non-comp	\$1.78	\$1.78	0	0%	0%	0%	9	9	9	9	9	9	)	D		
J7645	Ipratropium bromide comp	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
J7647	Isoetharine comp con	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
J7648	Isoetharine non-comp con	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
J7649	Isoetharine non-comp unit	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
J7650	Isoetharine comp unit	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
J7657	Isoproterenol comp con	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
J7658	Isoproterenol non-comp con	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
J7659	Isoproterenol non-comp unit	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
J7660	Isoproterenol comp unit	Not Covered	Not Covered	0		0%	0%		9	9	9	9	9	)	Χ		
J7665	Mannitol for inhaler	Not Covered	Not Covered	0	0%	0%	0%	9			_		9		X		
J7667	Metaproterenol comp con	\$1.00	\$1.00	0	0%	0%	0%	9				_	9	)	D		
J7668	Metaproterenol non-comp con	Not Covered	Not Covered	0		0%	0%	9	9	9	9	9	9	)	Χ		
J7669	Metaproterenol non-comp unit	Not Covered	Not Covered	0	0%	0%	0%					_	9		X		
J7670	Metaproterenol comp unit	Not Covered	Not Covered	0	0%	0%	0%	9					9	)	X		
J7674	Methacholine chloride, neb	\$0.81	\$0.81	0	0%	0%	0%	9					9	)	D		
J7676	Pentamidine comp unit dose	Not Covered	Not Covered	0		0%	0%						9	)	X		
J7677	Revefenacin inh non-com 1mcg	\$0.20	\$0.20	0	0%	0%	0%						9		D		
J7680	Terbutaline sulf comp con	Not Covered	Not Covered	0	0%	0%	0%	9			_		9		X		
J7681	Terbutaline sulf comp unit	Not Covered	Not Covered	0	0%	0%	0%						9	)	X		
J7682	Tobramycin non-comp unit	\$31.48	\$31.48	0							_				D		
J7683	Triamcinolone comp con	By Report	By Report	0											N		
J7684	Triamcinolone comp unit	By Report	By Report	0	0%	0%	0%						_		N		
J7685	Tobramycin comp unit	Not Covered	Not Covered	0	0%	0%	0%						9	)	X		
J7686	Treprostinil, non-comp unit	\$642.99	\$642.99	0			0%						9	)	D		Υ
J7699	Inhalation solution for dme	Bundled	Bundled	0			0%								В		+
J7799	Non-inhalation drug for dme	Bundled	Bundled	0	0%	0%	0%				_				В		
J7999	Compounded drug, noc	By Report	By Report	0	0%	0%	0%		_		_		<u> </u>		N		
J8498	Antiemetic rectal/supp nos	Bundled	Bundled	0			0%								В		
J8499	Oral prescrip drug non chemo	Bundled	Bundled	0			0%								В		<del> </del>
J8501	Oral aprepitant	Not Covered	Not Covered	0	0%	0%	0%						_		X		
J8510	Oral busulfan	\$1.01	\$1.01	0	0%	0%	0%				+		_		A D		V
00010	Oral busullari	\$1.01	φ1.01	U	0 /0	0 /0	0%	9	9	9	9	9	9	<b>'</b>	ט		-



		DOLLA	R VALUE					ODIFIERS									
HCPCS	40005/44750 0500007/04	NON-FACILITY	FACILITY			INTRA OP							TSI	ENDO	<b>50</b> /		PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)						(-66)	BASE	FSI	LIC REQ	AUTH
J8515	Cabergoline, oral 0.25mg	Not Covered	Not Covered	0		0%	0%				-		9	)	Χ		
J8520	Capecitabine, oral, 150 mg	\$0.84	\$0.84	0		0%	0%	9	9	9	9	9	9	)	D		Υ
J8521	Capecitabine, oral, 500 mg	\$2.13	\$2.13	0	0%	0%	0%	9		9			9	)	D		Υ
J8530	Cyclophosphamide oral 25 mg	\$2.26	\$2.26	0	0%	0%	0%	9			Ŭ		9	)	D		Υ
J8540	Oral dexamethasone	\$0.08	\$0.08	0	0%	0%	0%		-		_		9	)	D		
J8560	Etoposide oral 50 mg	\$75.29	\$75.29	0	0,0	0%	0%			9	9	9	9	)	D		Υ
<mark>J8562</mark>	Oral fludarabine phosphate	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
J8565	Gefitinib oral	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
J8597	Antiemetic drug oral nos	Bundled	Bundled	0	0%	0%	0%		9	9	9	9	9	)	В		
J8600	Melphalan oral 2 mg	\$0.12	\$0.12	0	0%	0%	0%	9	9	9	9	9	9	)	D		Υ
J8610	Methotrexate oral 2.5 mg	\$0.69	\$0.69	0	0%	0%	0%	9	9	9	9	9	9	)	D		Υ
J8650	Nabilone oral	\$47.04	\$47.04	0	0%	0%	0%	9	9	9	9	9	9	)	D		Υ
J8655	Oral netupitant, palonosetro	\$236.02	\$236.02	0	0%	0%	0%	9	9	9	9	9	9	)	D		
J8670	Rolapitant, oral, 1mg	\$2.74	\$2.74	0	0%	0%	0%	9	9	9	9	9	9	)	D		
J8700	Temozolomide	\$0.62	\$0.62	0	0%	0%	0%	9	9	9	9	9	9	)	D		
J8705	Topotecan oral	\$103.70	\$103.70	0	0%	0%	0%	9	9	9	9	9	9	)	D		Υ
J8999	Oral prescription drug chemo	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9	)	В		Υ
J9000	Doxorubicin hcl injection	\$2.93	\$2.93	0	0%	0%	0%	9	9	9	9	9	9	)	D		Υ
J9015	Aldesleukin injection	\$2,342.00	\$2,342.00	0	0%	0%	0%	9	9	9	9	9	9	)	D		Υ
J9017	Arsenic trioxide injection	\$28.67	\$28.67	0	0%	0%	0%	9	9	9	9	9	9	)	D		Υ
J9019	Erwinaze injection	\$418.32	\$418.32	0	0%	0%	0%	9	9	9	9	9	9	)	D		Υ
J9020	Asparaginase, nos	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
J9022	Inj, atezolizumab,10 mg	\$78.49	\$78.49	0	0%	0%	0%	9			9	9	9	)	D		Υ
J9023	Injection, avelumab, 10 mg	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
J9025	Azacitidine injection	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
J9027	Clofarabine injection	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
J9030	Bcg live intravesical 1mg	\$2.82	\$2.82	0	0%	0%	0%	9	9	9	9	9	9	)	D		Υ
J9032	Injection, belinostat, 10mg	\$42.39	\$42.39	0	0%	0%	0%	9	9	9	9	9	9	)	D		
J9033	Inj., treanda 1 mg	\$25.23	\$25.23	0		0%	0%						9	)	D		Υ
J9034	Inj., bendeka 1 mg	\$20.44	\$20.44	0		0%	0%	9			9	9	9		D		Υ
J9035	Bevacizumab injection	\$78.40	\$78.40	0	0%	0%	0%	9			_		9	)	D		Υ
J9039	Injection, blinatumomab	\$117.76	\$117.76	0	0%	0%	0%	9					9	)	D		
J9040	Bleomycin sulfate injection	\$27.13	\$27.13	0							_		9		D		Υ
J9041	Inj., velcade 0.1 mg	\$44.99	\$44.99	0											D		
J9042	Brentuximab vedotin inj	Not Covered	Not Covered	0	0%	0%	0%						_		X		
J9043	Cabazitaxel injection	Not Covered	Not Covered	0	0%	0%	0%							)	X		
J9044	Inj, bortezomib, nos, 0.1 mg	Not Covered	Not Covered	0			0%							)	X		
J9045	Carboplatin injection	\$2.86	\$2.86	0			0%								D		Υ
J9047	Injection, carfilzomib, 1 mg	\$38.97	\$38.97	0	0%	0%	0%				_				D		Y
J9050	Carmustine injection	\$1,973.69	\$1,973.69	0	0%	0%	0%		_			_	<u> </u>		D		Y
J9055	Cetuximab injection	Not Covered	Not Covered	0			0%								X		'
J9057	Inj., copanlisib, 1 mg	Not Covered	Not Covered	0			0%								X		
J9060	Cisplatin 10 mg injection	\$1.85	\$1.85	0	0%	0%	0%						_		D		Υ
J9065	Inj cladribine per 1 mg	\$20.65	\$20.65	0	0%	0%	0%								D		Y
03000	In Jolaanbine per Ting	Ψ20.03	Ψ20.03	U	0 /0	0 /0	0 /0	9	9	9	5	9	9	<b>'</b>	כ		



		DOLLAI	R VALUE				М	ODIFIERS									
HCPCS CODE	ABBREVIATED DESCRIPTION	NON-FACILITY SETTING	FACILITY SETTING	FOL UP	PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	<i>PCTC</i> (26/TC)		BSI (-50)		CSI (-62)		ENDO	FSI	LIC REQ	PRIOR AUTH
												, <u> </u>				LICILLA	AUTT
J9070 J9098	Cyclophosphamide 100 mg inj	Not Covered	Not Covered \$628.37	0	0% 0%	0%	0% 0%	9		9	_		9		X D		V
	Cytarabine liposome inj Cytarabine hcl 100 mg inj	\$628.37 \$0.71	\$0.71	0	0%	0% 0%					_		9		ם D		Y
J9100	<u> </u>			0			0%	9			Ū		·		<u>ע</u>		Y
J9118	Inj. calaspargase pegol-mknl	Not Covered	Not Covered	0	0%	0%	0%	9			Ū		9		D D		_
J9119	Inj., cemiplimab-rwlc, 1 mg	\$27.41	\$27.41	0	0% 0%	0%	0% 0%			9			Ŭ		ט D		Υ
J9120	Dactinomycin injection	\$1,101.73	\$1,101.73	0		0%		9					9				Y
J9130	Dacarbazine 100 mg inj	\$4.27	\$4.27	0	0%	0%	0%	9		9	_	_	9		D		Y
J9145	Injection, daratumumab 10 mg	\$56.06	\$56.06	0	0%	0%	0%	9	9	9	O		9		D		Y
J9150	Daunorubicin injection	\$46.11	\$46.11	0	0%	0%	0%	9			_		9		D		Y
J9151	Daunorubicin citrate inj	\$191.65	\$191.65	0	0%	0%	0%	9			_		9		D		Y
J9153	Inj daunorubicin, cytarabine	Not Covered	Not Covered	0	0%	0%	0%	9			U		9		X		
J9155	Degarelix injection	Not Covered	Not Covered	0	0%	0%	0%	9			Ū		9		X		
J9160	Denileukin diftitox inj	Not Covered	Not Covered	0	0%	0%	0%	9			_		9		X		4
J9165	Diethylstilbestrol injection	Not Covered	Not Covered	0	0%	0%	0%	9							X		\ <u>\</u>
J9171	Docetaxel injection	\$0.87	\$0.87	0	0%	0%	0%	9					9		D		Υ
J9173	Inj., durvalumab, 10 mg	Not Covered	Not Covered	0	0%	0%	0%	9	Ů	9	O	•	9		X		
J9175	Elliotts b solution per ml	Not Covered	Not Covered	0	0%	0%	0%	9		9			9		X		
J9176	Injection, elotuzumab, 1mg	\$6.67	\$6.67	0	0%	0%	0%	9		9	_		9		D		Υ
J9177	Inj enfort vedo-ejfv 0.25mg	Not Covered	Not Covered	0	0%	0%	0%	9			Ŭ		9		X		
J9178	Inj, epirubicin hcl, 2 mg	\$1.53	\$1.53	0	0%	0%	0%	9			Ū		9		D		Υ
J9179	Eribulin mesylate injection	\$117.42	\$117.42	0	0%	0%	0%	9					9		D		Υ
J9181	Etoposide injection	\$0.60	\$0.60	0	0%	0%	0%	9		9			9		D		Υ
J9185	Fludarabine phosphate inj	\$50.74	\$50.74	0	0%	0%	0%	9	9	9	9	9	9		D		Υ
<mark>J9190</mark>	Fluorouracil injection	\$1.59	\$1.59	0	0%	0%	0%	9		9	O		9		D		Υ
J9198	Inj. infugem, 100 mg	\$0.19	\$0.19	0	0%	0%	0%	9			_		9		D		Υ
J9199	Injection, infugem, 200 mg	By Report	By Report	0	0%	0%	0%	9		9	9	9	9		N		Υ
J9200	Floxuridine injection	\$76.39	\$76.39	0	0%	0%	0%	9	9	9	9	9	9		D		Υ
J9201	In gemcitabine hcl nos 200mg	\$3.88	\$3.88	0	0%	0%	0%	9	9	9	9	9	9		D		Υ
J9202	Goserelin acetate implant	\$504.30	\$504.30	0	0%	0%	0%	9	9	9	9	9	9		D		Υ
J9203	Gemtuzumab ozogamicin 0.1 mg	\$204.99	\$204.99	0	0%	0%	0%	9	9	9	9	9	9		D		Υ
J9204	Inj mogamulizumab-kpkc, 1 mg	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
J9205	Inj irinotecan liposome 1 mg	\$54.22	\$54.22	0	0%	0%	0%	9	9	9	9	9	9		D		Υ
J9206	Irinotecan injection	\$2.75	\$2.75	0	0%	0%	0%	9	9	9	9	9	9		D		Υ
J9207	Ixabepilone injection	\$99.85	\$99.85	0	0%	0%	0%	9	9	9	9	9	9		D		Υ
J9208	Ifosfamide injection	\$26.25	\$26.25	0	0%	0%	0%	9	9	9	9	9	9		D		Υ
J9209	Mesna injection	\$0.61	\$0.61	0	0%	0%	0%	9	9	9	9	9	9		D		Υ
J9210	Inj., emapalumab-lzsg, 1 mg	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
J9211	Idarubicin hcl injection	\$36.45	\$36.45	0	0%	0%	0%	9	9	9	9	9	9		D		Υ
J9212	Interferon alfacon-1 inj	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		Υ
J9213	Interferon alfa-2a inj	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		Υ
J9214	Interferon alfa-2b inj	\$34.45	\$34.45	0	0%	0%	0%	9	9	9	9	9	9		D		Υ
J9215	Interferon alfa-n3 inj	\$32.40	\$32.40	0		0%	0%						9		D		Υ
J9216	Interferon gamma 1-b inj	\$1,342.37	\$1,342.37	0	0%	0%	0%						9		D		Υ
J9217	Leuprolide acetate suspnsion	\$205.89	\$205.89	0	0%	0%	0%								D		Υ



		DOLLAI	R VALUE					ODIFIERS									
HCPCS	ADDDEWATED DECORPTION	NON-FACILITY	FACILITY	_	_	INTRA OP				BSI		CSI	TSI	ENDO	EC.	LIC REQ	PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)							BASE	FSI	LIC REQ	AUTH
J9218	Leuprolide acetate injection	\$15.44	\$15.44	0	0%	0%	0%				-				D		Y
J9219	Leuprolide acetate implant	Not Covered	Not Covered	0	0%	0%	0%		_				_		X		
J9225	Vantas implant	Not Covered	Not Covered	0	0%	0%	0%	9					9	)	X		
J9226	Supprelin la implant	Not Covered	Not Covered	0	0%	0%	0%	9		9	·		9	)	X		
J9228	Ipilimumab injection	Not Covered	Not Covered	0	0%	0%	0%		-	9	_		9	)	X		
	Inj inotuzumab ozogam 0.1 mg	Not Covered	Not Covered	0	0%	0%	0%						Ŭ		X		
J9230	Mechlorethamine hcl inj	\$292.48	\$292.48	0	0%	0%	0%	9	_		<u> </u>		9		D		Υ
	Inj melphalan hydrochl 50 mg	\$182.79	\$182.79	0	0%	0%	0%	9	_		U		9		D		Υ
	Inj., evomela, 1 mg	By Report	By Report	0	0%	0%	0%			9	_		9		Ν		Υ
	Methotrexate sodium inj	\$0.21	\$0.21	0	0%	0%	0%			9			9		D		Υ
J9260	Methotrexate sodium inj	\$2.13	\$2.13	0	0%	0%	0%	9		9			9	)	D		Υ
J9261	Nelarabine injection	\$152.39	\$152.39	0	0%	0%	0%	9			U		9	)	D		Υ
	Inj, omacetaxine mep, 0.01mg	Not Covered	Not Covered	0	0%	0%	0%				_				X		
J9263	Oxaliplatin	\$0.15	\$0.15	0	0%	0%	0%	9	9	9	9	9	9		D		Υ
J9264	Paclitaxel protein bound	\$13.27	\$13.27	0	0%	0%	0%	9	9	9	9	9	9		D		
J9266	Pegaspargase injection	\$19,334.77	\$19,334.77	0	0%	0%	0%	9	9	9	9	9	9		D		Υ
J9267	Paclitaxel injection	\$0.16	\$0.16	0	0%	0%	0%	9	9	9	9	9	9		D		
J9268	Pentostatin injection	\$2,069.81	\$2,069.81	0	0%	0%	0%	9	9	9	9	9	9		D		Υ
J9269	Inj. tagraxofusp-erzs 10 mcg	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	)	N		
J9270	Plicamycin (mithramycin) inj	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
J9271	Inj pembrolizumab	\$50.93	\$50.93	0	0%	0%	0%	9	9	9	9	9	9		D		
J9280	Mitomycin injection	\$57.21	\$57.21	0	0%	0%	0%	9	9	9	9	9	9	)	D		Υ
J9285	Inj, olaratumab, 10 mg	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
J9293	Mitoxantrone hydrochl / 5 mg	\$29.75	\$29.75	0	0%	0%	0%	9	9	9	9	9	9	)	D		Υ
J9295	Injection, necitumumab, 1 mg	\$5.73	\$5.73	0	0%	0%	0%	9	9	9	9	9	9	)	D		Υ
J9299	Injection, nivolumab	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
J9301	Obinutuzumab inj	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
J9302	Ofatumumab injection	\$61.84	\$61.84	0	0%	0%	0%	9	9	9	9	9	9	)	D		Υ
J9303	Panitumumab injection	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
J9305	Pemetrexed injection	\$72.41	\$72.41	0	0%	0%	0%	9	9	9	9	9	9		D		
J9306	Injection, pertuzumab, 1 mg	\$12.94	\$12.94	0	0%	0%	0%	9	9	9	9	9	9	)	D		Υ
J9307	Pralatrexate injection	\$305.67	\$305.67	0	0%	0%	0%	9	9	9	9	9	9		D		Υ
J9308	Injection, ramucirumab	\$61.06	\$61.06	0	0%	0%	0%	9	9	9	9	9	9		D		
J9309	Inj, polatuzumab vedotin 1mg	\$111.30	\$111.30	0	0%	0%	0%	9					9		D		Υ
	Inj rituximab, hyaluronidase	Not Covered	Not Covered	0	0%	0%	0%		_				9	)	X		
	Inj., rituximab, 10 mg	\$93.37	\$93.37	0	0%	0%	0%						9	)	D		Υ
	Inj., lumoxiti, 0.01 mg	By Report	By Report	0	0%	0%	0%					_	9		N		
J9320	Streptozocin injection	\$353.01	\$353.01	0		0%	0%						9		D		Υ
	Inj talimogene laherparepvec	\$53.51	\$53.51	0	0%	0%	0%	9			_				D		Υ
J9328	Temozolomide injection	\$10.39	\$10.39	0	0%	0%	0%						9	)	D		Υ
J9330	Temsirolimus injection	\$44.51	\$44.51	0		0%	0%						9		D		Y
J9340	Thiotepa injection	\$436.51	\$436.51	0		0%	0%						·		D		Ϋ́
J9351	Topotecan injection	\$1.21	\$1.21	0	0%	0%	0%						_		D		Υ
	Injection trabectedin 0.1mg	\$317.92	\$317.92	0	0%	0%	0%						_		D		Y



		DOLLA	R VALUE				М	ODIFIERS	3								
HCPCS CODE	ARREVIATED DESCRIPTION	NON-FACILITY	FACILITY			INTRA OP							_	ENDO	ECI	LIC REQ	PRIOR
	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)	(26/TC)							FSI	LIC REQ	AUTH
J9354	Inj, ado-trastuzumab emt 1mg	Not Covered	Not Covered	0		0%	0%				_		Ŭ		X		
J9355	Inj trastuzumab excl biosimi	\$102.32	\$102.32	0		0%	0%			9	Ŭ				D		Υ
J9356	Inj. herceptin hylecta, 10mg	\$77.01	\$77.01	0	0%	0%	0%	9			Ŭ		9		D		Υ
J9357	Valrubicin injection	Not Covered	Not Covered	0	0%	0%	0%	9			Ū		Ŭ		X		
J9358	Inj fam-trastu deru-nxki 1mg	Not Covered	Not Covered	0	0%	0%	0%				_				X		
J9360	Vinblastine sulfate inj	\$3.97	\$3.97	0		0%	0%			9			Ŭ		D		Υ
J9370	Vincristine sulfate 1 mg inj	\$5.27	\$5.27	0	0%	0%	0%	9	9	9	<u> </u>		9		D		Υ
J9371	Inj, vincristine sul lip 1mg	\$3,195.35	\$3,195.35	0	0%	0%	0%	9	9	9	J		9		D		Υ
J9390	Vinorelbine tartrate inj	\$3.37	\$3.37	0	0%	0%	0%				_		9		D		Υ
J9395	Injection, fulvestrant	Not Covered	Not Covered	0	0%	0%	0%			9	_		9		Χ		
J9400	Inj, ziv-aflibercept, 1mg	\$8.08	\$8.08	0	0%	0%	0%	9		9	U		9		D		Υ
J9600	Porfimer sodium injection	by report	by report	0	0%	0%	0%	9		9	Ū		9		N		Υ
J9999	Chemotherapy drug	By Report	By Report	0	0%	0%	0%			9	_		9		N		Υ
K0001	Standard wheelchair	\$330.60	\$330.60	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
K0001	Standard wheelchair	\$33.06	\$33.06	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
K0002	Stnd hemi (low seat) whichr	\$539.72	\$539.72	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
K0002	Stnd hemi (low seat) whichr	\$53.97	\$53.97	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
K0003	Lightweight wheelchair	\$524.99	\$524.99	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
K0003	Lightweight wheelchair	\$52.50	\$52.50	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
K0004	High strength Itwt whichr	\$716.81	\$716.81	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
K0004	High strength Itwt whlchr	\$71.68	\$71.68	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
K0005	Ultralightweight wheelchair	\$2,211.37	\$2,211.37	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
K0005	Ultralightweight wheelchair	\$221.14	\$221.14	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
K0006	Heavy duty wheelchair	\$881.54	\$881.54	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
K0006	Heavy duty wheelchair	\$88.15	\$88.15	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
K0007	Extra heavy duty wheelchair	\$1,239.23	\$1,239.23	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
K0007	Extra heavy duty wheelchair	\$123.92	\$123.92	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
K0008	Cstm manual wheelchair/base	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
K0008	Cstm manual wheelchair/base	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
K0008	Cstm manual wheelchair/base	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
K0009	Other manual wheelchair/base	\$889.37	\$889.37	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
K0009	Other manual wheelchair/base	\$88.94	\$88.94	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
K0010	Stnd wt frame power whichr	\$5,095.39	\$5,095.39	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
K0010	Stnd wt frame power whichr	\$509.54	\$509.54	0			0%								F		Υ
K0011	Stnd wt pwr whichr w control	\$6,802.88	\$6,802.88	0	0%	0%	0%						9		F		Υ
K0011	Stnd wt pwr whichr w control	\$680.29	\$680.29	0	0%	0%	0%						_		F		Υ
K0012	Ltwt portbl power whichr	\$3,886.53	\$3,886.53	0			0%						9		F		Υ
K0012	Ltwt portbl power whichr	\$388.65	\$388.65	0		0%	0%						_		F		Y
K0013	Custom power whichr base	By Report	By Report	0	0%	0%	0%						_		N		
K0013	Custom power whichr base	By Report	By Report	0	0%	0%	0%						_		N		
K0013	Custom power whichr base	By Report	By Report	0		0%	0%						_		N		
K0014	Other power whichr base	By Report	By Report	0		0%	0%						_		N		Υ
K0014	Other power whichr base	By Report	By Report	0	0%	0%	0%								N		Y
K0015	Detach non-adj ht armrst rep	\$180.11	\$180.11	0	0%	0%	0%						_		F		



		DOLLAR	VALUE					ODIFIERS									
HCPCS CODE	ABBREVIATED DESCRIPTION	NON-FACILITY SETTING	FACILITY SETTING	FOL UP	PRE OP (-56)	INTRA OP (-54)	POST OP (-55)						TSI (-66)	ENDO BASE	FSI	LIC REQ	PRIOR AUTH
									÷	<u> </u>	÷	÷	÷		lF	LICKLY	AUTT
K0015	Detach non-adj ht armrst rep	\$18.01	\$18.01	0	0%	0%	0%								F		4
K0017	Detach adjust armrest base	\$53.50	\$53.50	0	0%	0%	0%		_			_			F		
K0017	Detach adjust armrest base	\$5.35	\$5.35	0	0%	0%	0%						9		F		lacksquare
K0018	Detach adjust armrst upper	\$30.06	\$30.06	0	0%	0%	0%	9		_	_		9		F		
K0018	Detach adjust armrst upper	\$3.01	\$3.01	0	0%	0%	0%				_		9		•		4
K0019	Arm pad repl, each	\$17.74	\$17.74	0	0%	0%	0%								F		
K0019	Arm pad repl, each	\$1.77	\$1.77	0	0%	0%	0%	9	_				9		F		
K0020	Fixed adjust armrest pair	\$50.55	\$50.55	0	0%	0%	0%	9		_	·	_	9		F		
K0020	Fixed adjust armrest pair	\$5.06	\$5.06	0	0%	0%	0%					_	$\vdash$		F		
K0037	Hi mount flip-up footrest ea	\$50.38	\$50.38	0	0%	0%	0%					_			F		4
K0037	Hi mount flip-up footrest ea	\$5.04	\$5.04	0	0%	0%	0%	9					9		F		
K0038	Leg strap each	\$26.08	\$26.08	0	0%	0%	0%	9			Ū				F		
K0038	Leg strap each	\$2.61	\$2.61	0	0%	0%	0%				_				F		
K0039	Leg strap h style each	\$56.92	\$56.92	0	0%	0%	0%					_	9		F		
K0039	Leg strap h style each	\$5.69	\$5.69	0	0%	0%	0%	9	_	9		_	9		F		
K0040	Adjustable angle footplate	\$76.99	\$76.99	0	0%	0%	0%	9	_	_	9		9		F		
K0040	Adjustable angle footplate	\$7.70	\$7.70	0	0%	0%	0%						9		F		
K0041	Large size footplate each	\$55.12	\$55.12	0	0%	0%	0%	4				_	9	)	F		
K0041	Large size footplate each	\$5.51	\$5.51	0	0%	0%	0%	9			Ŭ		9	)	F		
K0042	Standard size ftplate rep ea	\$33.85	\$33.85	0	0%	0%	0%	9					9	)	F		
K0042	Standard size ftplate rep ea	\$3.39	\$3.39	0	0%	0%	0%						9	)	F		
K0043	Ftrst lowr exten tube rep ea	\$21.10	\$21.10	0	0%	0%	0%			9	9	9	9		F		
K0043	Ftrst lowr exten tube rep ea	\$2.11	\$2.11	0	0%	0%	0%	9	9	9	9	9	9		F		
K0044	Ftrst upr hanger brac rep ea	\$18.18	\$18.18	0	0%	0%	0%	9	9	9	9	9	9		F		
K0044	Ftrst upr hanger brac rep ea	\$1.82	\$1.82	0	0%	0%	0%	9	9	9	9	9	9		F		
K0045	Ftrst compl assembly repl ea	\$54.15	\$54.15	0	0%	0%	0%	9	9	9	9	9	9	)	F		
K0045	Ftrst compl assembly repl ea	\$5.41	\$5.41	0	0%	0%	0%	9	9	9	9	9	9		F		
K0046	Elev Igrst Iwr exten repl ea	\$21.18	\$21.18	0	0%	0%	0%	9	9	9	9	9	9		F		
K0046	Elev Igrst Iwr exten repl ea	\$2.12	\$2.12	0	0%	0%	0%	9	9	9	9	9	9	)	F		
K0047	Elev legrst upr hangr rep ea	\$78.85	\$78.85	0	0%	0%	0%	9	9	9	9	9	9	)	F		
K0047	Elev legrst upr hangr rep ea	\$7.88	\$7.88	0	0%	0%	0%	9	9	9	9	9	9	)	F		
K0050	Ratchet assembly replacement	\$34.98	\$34.98	0	0%	0%	0%	9	9	9	9	9	9	)	F		
K0050	Ratchet assembly replacement	\$3.50	\$3.50	0	0%	0%	0%	9	9	9	9	9	9		F		
K0051	Cam rel asm ft/legrst rep ea	\$55.94	\$55.94	0	0%	0%	0%	9			9	9	9		F		
K0051	Cam rel asm ft/legrst rep ea	\$5.59	\$5.59	0	0%	0%	0%		_				9	)	F		
K0052	Swingaway detach ftrest repl	\$95.32	\$95.32	0	0%	0%	0%						9	)	F		
K0052	Swingaway detach ftrest repl	\$9.53	\$9.53	0	0%		0%						9		F		
K0053	Elevate footrest articulate	\$105.17	\$105.17	0			0%						9		F		
K0053	Elevate footrest articulate	\$10.52	\$10.52	0	0%	0%	0%								F		
K0056	Seat ht <17 or >=21 ltwt wc	\$111.82	\$111.82	0	0%	0%	0%					_	9		F		
K0056	Seat ht <17 or >=21 ltwt wc	\$11.18	\$11.18	0			0%						9		F		
K0065	Spoke protectors	\$53.16	\$53.16	0			0%								F		<u> </u>
K0069	Rr whl compl sol tire rep ea	\$117.48	\$117.48	0	0%	0%	0%						_		F		
K0070	Rr whl compl pne tire rep ea	\$151.93	\$151.93	0	0%	0%	0%						_		F		
	compi pilo mo rop od	Ψ101.00	Ψ101.00		0 70	0 70	0 70	9		J					•		4



		DOLLAF	R VALUE					ODIFIERS									
HCPCS	4 D D D S W 4 T S D D S O D D T O W	NON-FACILITY	FACILITY			INTRA OP							TSI	ENDO	<b>50</b> /		PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)						(-66)	BASE	FSI	LIC REQ	AUTH
K0071	Fr cstr comp pne tire rep ea	\$130.68	\$130.68	0	0%	0%	0%						9	)	F		
K0072	Fr cstr semi-pne tire rep ea	\$72.68	\$72.68	0	0%	0%	0%		9	9	9	9	9	)	F		
K0073	Caster pin lock each	\$41.64	\$41.64	0	0%	0%	0%	9	9	9	9	9	9		F		
K0077	Fr cstr asmb sol tire rep ea	\$70.40	\$70.40	0	0%	0%	0%	9	9	9	9	9	9		F		
K0098	Drive belt for pwc, repl	\$28.06	\$28.06	0	0%	0%	0%		9	9	9	9	9		F		
K0105	lv hanger	\$118.93	\$118.93	0	0%	0%	0%	9	9	9	9	9	9	)	F		
K0105	lv hanger	\$11.89	\$11.89	0	0%	0%	0%	9	9	9	9	9	9		F		
K0108	W/c component-accessory nos	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
K0108	W/c component-accessory nos	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	)	N		Υ
K0195	Elevating whichair leg rests	\$217.35	\$217.35	0	0%	0%	0%	9	9	9	9	9	9		F		
K0195	Elevating whichair leg rests	\$21.73	\$21.73	0	0%	0%	0%	9	9	9	9	9	9		F		
K0455	Pump uninterrupted infusion	\$3,168.08	\$3,168.08	0	0%	0%	0%	9	9	9	9	9	9		F		
K0455	Pump uninterrupted infusion	\$316.81	\$316.81	0	0%	0%	0%	9	9	9	9	9	9		F		
K0462	Temporary replacement eqpmnt	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
K0552	Sup/ext non-ins inf pump syr	\$2.71	\$2.71	0	0%	0%	0%	9					9		F		
K0553	Ther cgm supply allowance	\$347.54	\$347.54	0	0%	0%	0%	9	9	9	9	9	9	)	F		
K0554	Ther cgm receiver/monitor	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	1	N		
K0601	Repl batt silver oxide 1.5 v	\$1.30	\$1.30	0	0%	0%	0%				_		9		F		
K0602	Repl batt silver oxide 3 v	\$7.36	\$7.36	0	0%	0%	0%	9			_	_	9		F		
K0603	Repl batt alkaline 1.5 v	\$0.66	\$0.66	0	0%	0%	0%	9					9		F		
K0604	Repl batt lithium 3.6 v	\$7.08	\$7.08	0	0%	0%	0%						9		F		
K0605	Repl batt lithium 4.5 v	\$16.95	\$16.95	0	0%	0%	0%						9		F		<del>                                     </del>
K0606	Aed garment w elec analysis	Not Covered	Not Covered	0	0%	0%	0%	9							X		
K0607	Repl batt for aed	Not Covered	Not Covered	0	0%	0%	0%	9	_			_	9		X		
K0608	Repl garment for aed	Not Covered	Not Covered	0	0%	0%	0%	_	_			•	9		X		
K0609	Repl electrode for aed	Not Covered	Not Covered	0	0%	0%	0%					_	9	1	X		
K0669	Seat/back cus no dmepdac ver	By Report	By Report	0	0%	0%	0%	9							N		
K0672	Removable soft interface le	\$85.84	\$85.84	0	0%	0%	0%	9					_		F		$\vdash$
K0730	Ctrl dose inh drug deliv sys	Not Covered	Not Covered	0	0%	0%	0%								X		<del>                                     </del>
K0733	12-24hr sealed lead acid	\$31.14	\$31.14	0	0%	0%	0%				_		Ĭ		F		
K0733	12-24hr sealed lead acid	\$3.11	\$3.11	0	0%	0%	0%	9			_		9		F		
K0738	Portable gas oxygen system	\$52.21	\$52.21	0	0%	0%	0%						9		E		V
K0739	Repair/svc dme non-oxygen eq	\$34.51	\$34.51	0							_				F		-
K0740	Repair/svc diffe flori-oxygen eq	By Report		0	0%										N		4
K0743	Portable home suction pump		By Report	0	0%	0%	0%								N		Υ
K0743		By Report	By Report	0	0%	0%	0%								N		1
	Absorp drg <= 16 suc pump	By Report	By Report	0									_				
K0745	Absorp drg >16<=48 suc pump	By Report	By Report	0	0% 0%	0%	0% 0%								N		4
K0746	Absorp drg >48 suc pump	By Report	By Report	0		0%									N		V
K0800	Pov group 1 std up to 300lbs	\$955.93	\$955.93	0	0%	0%	0%						, i		F		Y
K0801	Pov group 1 hd 301-450 lbs	\$1,648.92	\$1,648.92	0	0%	0%	0%						_		•		Y
K0802	Pov group 1 vhd 451-600 lbs	\$2,087.23	\$2,087.23	0		0%	0%								F		Υ
K0806	Pov group 2 std up to 300lbs	\$1,474.52	\$1,474.52	0		0%	0%								F		Υ
K0807	Pov group 2 hd 301-450 lbs	\$2,272.10	\$2,272.10	0	0%	0%	0%								F		Y
K0808	Pov group 2 vhd 451-600 lbs	\$3,513.13	\$3,513.13	0	0%	0%	0%	9	9	9	9	9	9		F		Υ



		DOLLAI	R VALUE				МС	ODIFIERS									
HCPCS	400001/44750 05000107/04/	NON-FACILITY	FACILITY		_	INTRA OP		PCTC					TSI	ENDO	<b>-0</b> .		PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)	(26/TC)				_		_	FSI	LIC REQ	AUTH
K0812	Power operated vehicle noc	By Report	By Report	0	0%	0%	0%	9	9	9	9		9		N		Υ
K0813	Pwc gp 1 std port seat/back	\$2,874.54	\$2,874.54	0	0%	0%	0%	9	9		9		9		F		Υ
K0813	Pwc gp 1 std port seat/back	\$287.45	\$287.45	0	0%	0%	0%	9	9	9	9		9		F		Υ
K0814	Pwc gp 1 std port cap chair	\$3,196.39	\$3,196.39	0	0%	0%	0%	9	9	9	9	9	9		F		Y
K0814	Pwc gp 1 std port cap chair	\$319.64	\$319.64	0	0%	0%	0%	9	9	9	9		9		F		Y
K0815	Pwc gp 1 std seat/back	\$3,521.03	\$3,521.03	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
K0815	Pwc gp 1 std seat/back	\$352.10	\$352.10	0	0%	0%	0%	9	9	9	9	9	9		F		Y
K0816 K0816	Pwc gp 1 std cap chair	\$3,392.53 \$339.25	\$3,392.53 \$339.25	0	0% 0%	0% 0%	0% 0%	9	9 9	9	9	9	9		F F		Y
K0820	Pwc gp 1 std cap chair Pwc gp 2 std port seat/back	\$2,994.28	\$2,994.28	0	0%	0%	0%	9	9	9	9		9		F		V
K0820	Pwc gp 2 std port seat/back	\$299.43	\$299.43	0	0%	0%	0%	9	9	9	9	9	9		F		V
K0820	Pwc gp 2 std port searback  Pwc gp 2 std port cap chair	\$3,379.66	\$3,379.66	0	0%	0%	0%	9	9	9	9	9	9		F		\ \ \
K0821	Pwc gp 2 std port cap chair	\$337.97	\$337.97	0	0%	0%	0%	9	9	9	9	9	9		F		Y
K0822	Pwc gp 2 std seat/back	\$3,732.40	\$3,732.40	0	0%	0%	0%	9	9	9	9		9		<u>.</u> F		Ϋ́
K0822	Pwc gp 2 std seat/back	\$373.24	\$373.24	0	0%	0%	0%	9	9	9	9	9	9		F		Y
K0823	Pwc gp 2 std cap chair	\$3,668.98	\$3,668.98	0	0%	0%	0%	9	9	9	9	9	9		F		Y
K0823	Pwc gp 2 std cap chair	\$366.90	\$366.90	0	0%	0%	0%	9	9	9	9	9	9		F		Y
K0824	Pwc gp 2 hd seat/back	\$5,234.38	\$5,234.38	0	0%	0%	0%	9	9	9	9		9		F		Ϋ́
K0824	Pwc gp 2 hd seat/back	\$523.44	\$523.44	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
K0825	Pwc gp 2 hd cap chair	\$4,846.02	\$4,846.02	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
K0825	Pwc gp 2 hd cap chair	\$484.60	\$484.60	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
K0826	Pwc gp 2 vhd seat/back	\$7,976.21	\$7,976.21	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
K0826	Pwc gp 2 vhd seat/back	\$797.62	\$797.62	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
K0827	Pwc gp vhd cap chair	\$6,889.16	\$6,889.16	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
K0827	Pwc gp vhd cap chair	\$688.92	\$688.92	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
K0828	Pwc gp 2 xtra hd seat/back	\$9,220.79	\$9,220.79	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
K0828	Pwc gp 2 xtra hd seat/back	\$922.08	\$922.08	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
K0829	Pwc gp 2 xtra hd cap chair	\$8,641.74	\$8,641.74	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
K0829	Pwc gp 2 xtra hd cap chair	\$864.17	\$864.17	0	0%	0%	0%	9	9	9	9		9		F		Υ
K0830	Pwc gp2 std seat elevate s/b	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
K0830	Pwc gp2 std seat elevate s/b	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
K0831	Pwc gp2 std seat elevate cap	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
K0831	Pwc gp2 std seat elevate cap	By Report	By Report	0	0%	0%	0%		9						N		Y
K0835	Pwc gp2 std sing pow opt s/b	\$4,321.64	\$4,321.64	0	0%	0%	0%		9				9		F -		Υ
K0835	Pwc gp2 std sing pow opt s/b	\$432.16	\$432.16	0	0%	0%	0%	9	9				9		F		Υ
K0836	Pwc gp2 std sing pow opt cap	\$4,482.16	\$4,482.16	0	0%	0%	0%	9	9		9		9		F F		Y
K0836	Pwc gp2 std sing pow opt cap	\$448.22	\$448.22	0	0% 0%	0% 0%	0% 0%		9						F F		Y
K0837 K0837	Pwc gp 2 hd sing pow opt s/b  Pwc gp 2 hd sing pow opt s/b	\$5,403.24 \$540.32	\$5,403.24 \$540.32	0	0% 0%	0%	0%	9	9				9		F F		T V
K0837 K0838	Pwc gp 2 hd sing pow opt s/b  Pwc gp 2 hd sing pow opt cap	\$4,804.53	\$4,804.53	0	0%	0%	0%	9	9	9	9		9		F		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
K0838	Pwc gp 2 hd sing pow opt cap	\$480.45	\$480.45	0	0%	0%	0%		9	9	9		9		<mark>г</mark> F		Y
K0839	Pwc gp2 rld sing pow opt cap  Pwc gp2 vhd sing pow opt s/b	\$7,114.23	\$7,114.23	0	0%	0%	0%		9		9		9		<u>г</u> F		Y
K0839	Pwc gp2 vhd sing pow opt s/b	\$711.42	\$711.42	0	0%	0%	0%	9	9				9		F		Y
K0840	Pwc gp2 xhd sing pow opt s/b	\$10,873.30	\$10,873.30	0	0%	0%	0%	9	9				9		F		Y
1100-10	I WO gpz And Sing pow opt 3/0	Ψ10,073.30	Ψ10,073.30	U	0 /0	0 70	0 /0	9	9	3	9	9	3		•		1



		DOLLAI	R VALUE				МС	ODIFIERS	3								
HCPCS		NON-FACILITY	FACILITY	_		INTRA OP			MSI	BSI	ASI	CSI	TSI	ENDO			PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)	(26/TC)			(-80)	(-62)			FSI	LIC REQ	AUTH
K0840	Pwc gp2 xhd sing pow opt s/b	\$1,087.33	\$1,087.33	0		0%	0%								F		Υ
K0841	Pwc gp2 std mult pow opt s/b	\$4,771.99	\$4,771.99	0	0%	0%	0%	9			9	9	9		F		Υ
K0841	Pwc gp2 std mult pow opt s/b	\$477.20	\$477.20	0	0%	0%	0%	9	9		9		9		F		Υ
K0842	Pwc gp2 std mult pow opt cap	\$4,767.56	\$4,767.56	0	0%	0%	0%	9			9		9		F		Υ
K0842	Pwc gp2 std mult pow opt cap	\$476.76	\$476.76	0	0%	0%	0%					9	9		F		Υ
K0843	Pwc gp2 hd mult pow opt s/b	\$5,687.82	\$5,687.82	0	0%	0%	0%	9			9	9	9		F		Υ
K0843	Pwc gp2 hd mult pow opt s/b	\$568.78	\$568.78	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
K0848	Pwc gp 3 std seat/back	\$8,172.04	\$8,172.04	0	0%	0%	0%	9	9		9	9	9		F		Υ
K0848	Pwc gp 3 std seat/back	\$817.20	\$817.20	0		0%	0%				9	9	,		F		Υ
K0849	Pwc gp 3 std cap chair	\$7,856.77	\$7,856.77	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
K0849	Pwc gp 3 std cap chair	\$785.68	\$785.68	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
K0850	Pwc gp 3 hd seat/back	\$9,479.01	\$9,479.01	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
K0850	Pwc gp 3 hd seat/back	\$947.90	\$947.90	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
K0851	Pwc gp 3 hd cap chair	\$9,114.23	\$9,114.23	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
K0851	Pwc gp 3 hd cap chair	\$911.42	\$911.42	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
K0852	Pwc gp 3 vhd seat/back	\$10,952.47	\$10,952.47	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
K0852	Pwc gp 3 vhd seat/back	\$1,095.25	\$1,095.25	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
K0853	Pwc gp 3 vhd cap chair	\$11,251.06	\$11,251.06	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
K0853	Pwc gp 3 vhd cap chair	\$1,125.11	\$1,125.11	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
K0854	Pwc gp 3 xhd seat/back	\$14,905.11	\$14,905.11	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
K0854	Pwc gp 3 xhd seat/back	\$1,490.51	\$1,490.51	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
K0855	Pwc gp 3 xhd cap chair	\$14,080.09	\$14,080.09	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
K0855	Pwc gp 3 xhd cap chair	\$1,408.01	\$1,408.01	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
K0856	Pwc gp3 std sing pow opt s/b	\$8,771.57	\$8,771.57	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
K0856	Pwc gp3 std sing pow opt s/b	\$877.16	\$877.16	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
K0857	Pwc gp3 std sing pow opt cap	\$8,947.43	\$8,947.43	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
K0857	Pwc gp3 std sing pow opt cap	\$894.74	\$894.74	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
K0858	Pwc gp3 hd sing pow opt s/b	\$10,883.08	\$10,883.08	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
K0858	Pwc gp3 hd sing pow opt s/b	\$1,088.31	\$1,088.31	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
K0859	Pwc gp3 hd sing pow opt cap	\$10,379.09	\$10,379.09	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
K0859	Pwc gp3 hd sing pow opt cap	\$1,037.91	\$1,037.91	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
K0860	Pwc gp3 vhd sing pow opt s/b	\$15,547.89	\$15,547.89	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
K0860	Pwc gp3 vhd sing pow opt s/b	\$1,554.79	\$1,554.79	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
K0861	Pwc gp3 std mult pow opt s/b	\$8,785.58	\$8,785.58	0	0%	0%	0%	9			9	9			F		Υ
K0861	Pwc gp3 std mult pow opt s/b	\$878.56	\$878.56	0	0%	0%	0%	9			9	9			F		Υ
K0862	Pwc gp3 hd mult pow opt s/b	\$10,883.08	\$10,883.08	0		0%	0%								F		Υ
K0862	Pwc gp3 hd mult pow opt s/b	\$1,088.31	\$1,088.31	0			0%					_	9		F		Υ
K0863	Pwc gp3 vhd mult pow opt s/b	\$15,547.89	\$15,547.89	0			0%								F		Υ
K0863	Pwc gp3 vhd mult pow opt s/b	\$1,554.79	\$1,554.79	0		0%	0%		9				9		F		Υ
K0864	Pwc gp3 xhd mult pow opt s/b	\$18,502.01	\$18,502.01	0		0%	0%		9				9		F		Υ
K0864	Pwc gp3 xhd mult pow opt s/b	\$1,850.20	\$1,850.20	0			0%						9		F		Υ
K0868	Pwc gp 4 std seat/back	By Report	By Report	0			0%						_		N		Y
K0868	Pwc gp 4 std seat/back	By Report	By Report	0		0%	0%								N		Υ
K0869	Pwc gp 4 std cap chair	By Report	By Report	0		0%									N		Υ



			R VALUE					ODIFIERS									
HCPCS	ADDDEWATED DECODIDION	NON-FACILITY	FACILITY	_	_	INTRA OP				BSI	ASI	CSI	TSI	ENDO	<b>50</b> /	/ /O DEO	PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)	(26/TC)							FSI	LIC REQ	AUTH
K0869	Pwc gp 4 std cap chair	By Report	By Report	0	0%	0%	0%								N		Υ
K0870	Pwc gp 4 hd seat/back	By Report	By Report	0	0%	0%	0%		_				9		N		Υ
K0870	Pwc gp 4 hd seat/back	By Report	By Report	0	0%	0%	0%			9			9		N		Υ
K0871	Pwc gp 4 vhd seat/back	By Report	By Report	0	0%	0%	0%	9		9	_		9		N		Υ
K0871	Pwc gp 4 vhd seat/back	By Report	By Report	0	0%	0%	0%			9	_		9		N		Υ
K0877	Pwc gp4 std sing pow opt s/b	By Report	By Report	0	0%	0%	0%						9	)	N		Υ
K0877	Pwc gp4 std sing pow opt s/b	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
K0878	Pwc gp4 std sing pow opt cap	By Report	By Report	0	0%	0%	0%	9	9	9	U		9		N		Υ
K0878	Pwc gp4 std sing pow opt cap	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
K0879	Pwc gp4 hd sing pow opt s/b	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
K0879	Pwc gp4 hd sing pow opt s/b	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
K0880	Pwc gp4 vhd sing pow opt s/b	By Report	By Report	0	0%	0%	0%	9		9	Ū		9		N		Υ
K0880	Pwc gp4 vhd sing pow opt s/b	By Report	By Report	0	0%	0%	0%			9	9	9	9		N		Υ
K0884	Pwc gp4 std mult pow opt s/b	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	)	N		Υ
K0884	Pwc gp4 std mult pow opt s/b	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
K0885	Pwc gp4 std mult pow opt cap	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
K0885	Pwc gp4 std mult pow opt cap	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	)	N		Υ
K0886	Pwc gp4 hd mult pow s/b	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
K0886	Pwc gp4 hd mult pow s/b	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
K0890	Pwc gp5 ped sing pow opt s/b	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
K0891	Pwc gp5 ped mult pow opt s/b	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
K0898	Power wheelchair noc	By Report	By Report	0	0%	0%	0%		9	9	9	9	9		N		Υ
K0898	Power wheelchair noc	By Report	By Report	0	0%	0%	0%	9							N		Υ
K0899	Pow mobil dev no dmepdac	By Report	By Report	0	0%	0%	0%	9			_		9		N		Υ
K0899	Pow mobil dev no dmepdac	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	)	N		Υ
K0900	Cstm dme other than wheelchr	Not Covered	Not Covered	0	0%	0%	0%						9		X		
K1001	Electronic posa treatment	By Report	By Report	0	0%	0%	0%						9		N		Υ
K1001	Electronic posa treatment	By Report	By Report	0	0%	0%	0%						_		N		Y
K1002	Ces system w/supplies access	Not Covered	Not Covered	0	0%	0%	0%								X		
K1002	Ces system w/supplies access	Not Covered	Not Covered	0	0%	0%	0%			9					X		
K1003	Whirlpool tub walkin portabl	Not Covered	Not Covered	0	0%	0%	0%	9		9	_		9		X		
K1003	Whirlpool tub walkin portabl	Not Covered	Not Covered	0	0%	0%	0%			)	_		9		X		
K1004	Lo freq us diathermy device	Not Covered	Not Covered	0			0%								X		
K1004	Lo freq us diathermy device	Not Covered	Not Covered	0			0%								X		
K1005	Disp col sto bag breast milk	Not Covered	Not Covered	0	0%	0%	0%							1	X		
L0112	Cranial cervical orthosis	\$1,642.27	\$1,642.27	0	0%	0%	0%						0		F		
L0112	Cranial cervical orthosis  Cranial cervical torticollis	\$347.62	\$347.62	0		0%	0%					_	0		F		
L0113	Cerv flex n/adj foam pre ots	\$39.78	\$39.78	0		0%	0%								<u>г</u> F		
L0120	Flex thermoplastic collar mo	\$221.27	\$221.27	0	0%	0%	0%				_		_		<u> </u>	V	
L0130	Cervical semi-rigid adjustab	\$95.95	\$95.95	0	0%	0%	0%						, i			1	
				, ,									_		F F		
L0150	Cerv semi-rig adj molded chn	\$127.76 \$176.05	\$127.76 \$176.05	0		0%	0%								<u>г</u> F		
L0160	Cerv sr wire occ/man pre ots	\$176.05	\$176.05	0		0%	0%								F	V	
L0170	Cervical collar molded to pt	\$853.98	\$853.98	0	0%	0%	0%								F	T	
L0172	Cerv col sr foam 2pc pre ots	\$154.13	\$154.13	U	0%	0%	0%	9	9	9	9	9	9		Г		



		DOLLA	R VALUE				М	ODIFIERS	S								
HCPCS	ADDDEWATED DECODIDION	NON-FACILITY	FACILITY				POST OP		MSI			CSI	TSI	ENDO	<b>50</b> 1		PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)	(26/TC)		÷			·	BASE	FSI	LIC REQ	AUTH
L0174	Cerv sr 2pc thor ext pre ots	\$324.50	\$324.50	0		0%	0%								F		
L0180	Cer post col occ/man sup adj	\$473.14	\$473.14	0			0%		_				_		F		
L0190	Cerv collar supp adj cerv ba	\$665.64	\$665.64	0		0%	0%	9	_						F		
L0200	Cerv col supp adj bar & thor	\$743.27	\$743.27	0		0%	0%	9	_						F		
L0220	Thor rib belt custom fabrica	\$148.08	\$148.08	0			0%			Ū		9			F		
L0450	Tlso flex trunk/thor pre ots	\$258.01	\$258.01	0			0%						_		F		
L0452	Tlso flex custom fab thoraci	\$323.25	\$323.25	0		0%	0%	9	_				_		F		
L0454	Tlso trnk sj-t9 pre cst	\$406.94	\$406.94	0	0,0	0%	0%	9	_			9			F		
L0455	Tlso flex trnk sj-t9 pre ots	\$406.94	\$406.94	0		0%	0%					9			F		
L0456	Tlso flex trnk sj-ss pre cst	\$1,167.00	\$1,167.00	0		0%	0%	9				9	9		F		
L0457	Tlso flex trnk sj-ss pre ots	\$1,167.00	\$1,167.00	0	0%	0%	0%	9	9			9	9		F		
L0458	Tlso 2mod symphis-xipho pre	\$1,046.45	\$1,046.45	0		0%	0%	9							F	Υ	
L0460	Tlso 2 shl symphys-stern cst	\$1,177.85	\$1,177.85	0		0%	0%			_					F	Υ	
L0462	Tlso 3mod sacro-scap pre	\$1,465.06	\$1,465.06	0		0%	0%	9	9			9	9		F	Υ	
L0464	Tlso 4mod sacro-scap pre	\$1,744.13	\$1,744.13	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	
L0466	Tlso r fram soft ant pre cst	\$530.34	\$530.34	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	
L0467	Tlso r fram soft pre ots	\$530.34	\$530.34	0		0%	0%		9	9	9	9	9		F		
L0468	Tlso rig fram pelvic pre cst	\$636.55	\$636.55	0	0%	0%	0%	9	9	9	9	9	9		F		
L0469	Tlso rig fram pelvic pre ots	\$636.55	\$636.55	0	0%	0%	0%	9	9	9	9	9	9		F		
L0470	Tlso rigid frame pre subclav	\$764.05	\$764.05	0	0%	0%	0%	9	9	9	9	9	9		F		
L0472	Tlso rigid frame hyperex pre	\$542.56	\$542.56	0	0%	0%	0%		9	9	9	9	9		F		
L0480	Tlso rigid plastic custom fa	\$1,870.87	\$1,870.87	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	
L0482	Tlso rigid lined custom fab	\$1,906.72	\$1,906.72	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	
L0484	Tlso rigid plastic cust fab	\$1,997.65	\$1,997.65	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	
L0486	Tlso rigidlined cust fab two	\$2,119.40	\$2,119.40	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	
L0488	Tlso rigid lined pre one pie	\$1,177.85	\$1,177.85	0	0%	0%	0%	9	9	9	9	9	9		F		
L0490	Tlso rigid plastic pre one	\$331.94	\$331.94	0	0%	0%	0%	9	9	9	9	9	9		F		
L0491	Tlso 2 piece rigid shell	\$901.14	\$901.14	0	0%	0%	0%	9	9	9	9	9	9		F		
L0492	Tlso 3 piece rigid shell	\$592.73	\$592.73	0	0%	0%	0%	9	9	9	9	9	9		F		
L0621	Sio flex pelvic/sacr pre ots	\$135.84	\$135.84	0	0%	0%	0%	9	9	9	9	9	9		F		
L0622	Sio flex pelvisacral custom	\$360.52	\$360.52	0	0%	0%	0%	9	9	9	9	9	9		F		
L0623	Sio rig pnl pelv/sac pre ots	\$207.64	\$207.64	0	0%	0%	0%	9	9	9	9	9	9		F		
L0624	Sio panel custom	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		-
L0625	Lo flex I1-below I5 pre ots	\$64.62	\$64.62	0	0%	0%	0%	9	9	9	9	9	9		F		
L0626	Lo sag rig pnl stays pre cst	\$91.45	\$91.45	0	0%	0%	0%	9	9	9	9	9	9		F		
L0627	Lo sag ri an/pos pnl pre cst	\$482.34	\$482.34	0	0%	0%	0%	9	9	9	9	9	9		F		
L0628	Lso flex no ri stays pre ots	\$98.45	\$98.45	0	0%	0%	0%	9	9	9	9	9	9		F		
L0629	Lso flex w/rigid stays cust	\$188.57	\$188.57	0	0%	0%	0%	9	9	9	9	9	9		F		
L0630	Lso r post pnl sj-t9 pre cst	\$190.03	\$190.03	0	0%	0%	0%	9	9	9	9	9	9		F		
L0631	Lso sag r an/pos pnl pre cst	\$1,204.55	\$1,204.55	0	0%	0%	0%	9	9			9	9		F		
L0632	Lso sag rigid frame cust	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
L0633	Lso sc r pos/lat pnl pre cst	\$336.48	\$336.48	0			0%		9						F		
L0634	Lso flexion control custom	By Report	By Report	0		0%	0%	9	9	9	9	9	9		N		
L0635	Lso sagit rigid panel prefab	\$1,239.89	\$1,239.89	0	0%	0%	0%	9	9	9	9	9	9		F		



		DOLLAF	R VALUE					ODIFIERS									
HCPCS	400051//4550 05000105/01/	NON-FACILITY	FACILITY			INTRA OP							TSI	ENDO	=0.		PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)						(-66)	BASE	FSI	LIC REQ	AUTH
L0636	Lso sagittal rigid panel cus	\$1,616.63	\$1,616.63	0	0%	0%	0%						9	)	F		
L0637	Lso sc r ant/pos pnl pre cst	\$1,318.82	\$1,318.82	0	0%	0%	0%	9	9	9	9	9	9	)	F		
L0638	Lso sag-coronal panel custom	\$1,547.56	\$1,547.56	0	0%	0%	0%	9	9	9	9	9	9		F		
L0639	Lso s/c shell/panel prefab	\$1,318.82	\$1,318.82	0	0%	0%	0%	9	9	9	9	9	9		F		
L0640	Lso s/c shell/panel custom	\$1,227.84	\$1,227.84	0	0%	0%	0%	9	9	9	9	9	9		F		
L0641	Lo rig pos pnl l1-l5 pre ots	\$91.45	\$91.45	0	0%	0%	0%	9	9	9	9	9	9	)	F		
L0642	Lo sag ri an/pos pnl pre ots	\$482.34	\$482.34	0	0%	0%	0%	9	9	9	9	9	9		F		
L0643	Lso sag ctr rigi pos pre ots	\$190.03	\$190.03	0	0%	0%	0%	9	9	9	9	9	9		F		
L0648	Lso sag r an/pos pnl pre ots	\$1,204.55	\$1,204.55	0	0%	0%	0%	9	9	9	9	9	9	)	F		
L0649	Lso sc r pos/lat pnl pre ots	\$336.48	\$336.48	0	0%	0%	0%	9	9	9	9	9	9		F		
L0650	Lso sc r ant/pos pnl pre ots	\$1,318.82	\$1,318.82	0	0%	0%	0%	9	9	9	9	9	9		F		
L0651	Lso sag-co shell pnl pre ots	\$1,318.82	\$1,318.82	0	0%	0%	0%	9	9	9	9	9	9		F		
L0700	Ctlso a-p-l control molded	\$2,272.57	\$2,272.57	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	
L0710	Ctlso a-p-l control w/ inter	\$2,566.84	\$2,566.84	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	
L0810	Halo cervical into jckt vest	\$3,090.66	\$3,090.66	0	0%	0%	0%	9	9	9	9	9	9	)	F	Υ	
L0820	Halo cervical into body jack	\$3,035.24	\$3,035.24	0	0%	0%	0%	9	9	9	9	9	9	)	F	Υ	
L0830	Halo cerv into milwaukee typ	\$4,257.36	\$4,257.36	0	0%	0%	0%	9	9	9	9	9	9	1	F	Υ	
L0859	Mri compatible system	\$1,369.40	\$1,369.40	0	0%	0%	0%	9					9		F	Υ	
L0861	Halo repl liner/interface	\$252.90	\$252.90	0	0%	0%	0%	9			_	_	9		F	Υ	
L0970	Tlso corset front	\$128.47	\$128.47	0	0%	0%	0%	9					9		F		
L0972	Lso corset front	\$115.68	\$115.68	0	0%	0%	0%				1		9		F		
L0974	Tiso full corset	\$208.25	\$208.25	0	0%	0%	0%	9					9		F		
L0976	Lso full corset	\$220.06	\$220.06	0	0%	0%	0%	9							F		
L0978	Axillary crutch extension	\$230.65	\$230.65	0	0%	0%	0%	9				_	9		F		
L0980	Peroneal straps pair pre ots	\$20.88	\$20.88	0	0%	0%	0%	·	•	9	_	•	9		F		
L0982	Stocking sup grips 4 pre ots	\$19.48	\$19.48	0	0%	0%	0%	9				_	Ť	1	F.		
L0984	Protect body sock ea pre ots	\$76.86	\$76.86	0	0%	0%	0%	9							F		
L0999	Add to spinal orthosis nos	By Report	By Report	0	0%	0%	0%	9							N		
L1000	Ctlso milwauke initial model	\$2,733.34	\$2,733.34	0	0%	0%	0%								F	V	
L1001	Ctlso infant immobilizer	Not Covered	Not Covered	0	0%	0%	0%	9		9			Ĭ		X	'	
L1001	Tension based scoliosis orth	\$3,755.54	\$3,755.54	0	0%	0%	0%	9		9					F	V	
L1010	Ctlso axilla sling	\$78.24	\$78.24	0	0%	0%	0%	9		Ŭ			_		E	\ \	
L1010	Kyphosis pad	\$114.71	\$114.71	0			0%								F	\ \	
L1025	Kyphosis pad floating	\$140.17	\$140.17	0			0%								r F	V	<del>                                     </del>
L1023	Lumbar bolster pad	\$73.48	\$73.48	0	0%	0%	0%	9	_						F	V	
L1030				0	0%	0%	0%	9							F	T V	
	Lumbar or lumbar rib pad	\$108.47	\$108.47	0									_		F	Ť	
L1050	Sternal pad	\$115.20 \$126.66	\$115.20 \$126.66	0	0%	0%	0% 0%								F	T V	<del>                                     </del>
L1060	Thoracic pad	\$126.66	\$126.66	0		0%									Г	T V	
L1070	Trapezius sling	\$114.52	\$114.52	0	0%	0%	0%	9					ŭ		r	Y	
L1080	Outrigger	\$70.76	\$70.76	0	0%	0%	0%	9							r	Y	
L1085	Outrigger bil w/ vert extens	\$184.73	\$184.73	0		0%	0%								F	Y	4
L1090	Lumbar sling	\$111.72	\$111.72	0		0%	0%								F	Y	
L1100	Ring flange plastic/leather	\$203.04	\$203.04	0	0%	0%	0%								F	Y	
L1110	Ring flange plas/leather mol	\$335.99	\$335.99	0	0%	0%	0%	9	9	9	9	9	9		F	Ϋ́	



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		DOLLAI	R VALUE				М	ODIFIERS	3								
HCPCS CODE	ABBREVIATED DESCRIPTION	NON-FACILITY SETTING	FACILITY SETTING	FOL UP	PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)				CSI (-62)	_	ENDO BASE	FSI	LIC REQ	PRIOR AUTH
L1846	Ko w adj flex/ext rotat mold	\$1,437.17	\$1,437.17	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	
L1847	Ko dbl upright w/air pre cst	\$674.89	\$674.89	0	0%	0%	0%	9	9	9	9	9	9		F		
L1848	Ko dbl upright w/air pre ots	\$674.89	\$674.89	0	0%	0%	0%	9	9	9	9	9	9		F		
L1850	Ko swedish type pre ots	\$361.32	\$361.32	0	0%	0%	0%	9	9	9	9	9	9		F		
L1851	Ko single upright prefab ots	\$1,052.83	\$1,052.83	0	0%	0%	0%	9	9	9	9	9	9		F		
L1852	Ko double upright prefab ots	\$954.18	\$954.18	0	0%	0%	0%	9	9	9	9	9	9		F		
L1860	Ko supracondylar socket mold	\$1,474.74	\$1,474.74	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	
L1900	Afo sprng wir drsflx calf bd	\$334.34	\$334.34	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	
L1902	Afo ankle gauntlet pre ots	\$110.03	\$110.03	0	0%	0%	0%	9	9	9	9	9	9		F		
L1904	Afo molded ankle gauntlet	\$528.59	\$528.59	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	
L1906	Afo multilig ank sup pre ots	\$135.18	\$135.18	0	0%	0%	0%	9	9	9	9	9	9		F		
L1907	Afo supramalleolar custom	\$660.24	\$660.24	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	
L1910	Afo sing bar clasp attach sh	\$380.23	\$380.23	0	0%	0%	0%	9	9	9	9	9	9		F		
L1920	Afo sing upright w/ adjust s	\$503.69	\$503.69	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	
L1930	Afo plastic	\$310.56	\$310.56	0	0%	0%	0%	9			9	9	9		F		
L1932	Afo rig ant tib prefab tcf/=	\$1,047.06	\$1,047.06	0	0%	0%	0%	9	9	9	9	9	9		F		
L1940	Afo molded to patient plasti	\$597.19	\$597.19	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	
L1945	Afo molded plas rig ant tib	\$1,174.19	\$1,174.19	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	
L1950	Afo spiral molded to pt plas	\$1,116.36	\$1,116.36	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	
L1951	Afo spiral prefabricated	\$985.43	\$985.43	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	
L1960	Afo pos solid ank plastic mo	\$623.08	\$623.08	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	
L1970	Afo plastic molded w/ankle j	\$831.49	\$831.49	0	0%	0%	0%	9					9		F	Υ	
L1971	Afo w/ankle joint, prefab	\$549.98	\$549.98	0	0%	0%	0%	9			_		9		F	Υ	
L1980	Afo sing solid stirrup calf	\$527.62	\$527.62	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	
L1990	Afo doub solid stirrup calf	\$637.55	\$637.55	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	
L2000	Kafo sing fre stirr thi/calf	\$1,520.20	\$1,520.20	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	
L2005	Kafo sng/dbl mechanical act	\$4,808.14	\$4,808.14	0	0%	0%	0%	9			_		9		F		
L2006	Kaf sng/dbl swg/stn mcpr cus	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
L2010	Kafo sng solid stirrup w/o j	\$1,372.31	\$1,372.31	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	
L2020	Kafo dbl solid stirrup band/	\$1,750.06	\$1,750.06	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	
L2030	Kafo dbl solid stirrup w/o j	\$1,507.18	\$1,507.18	0	0%	0%	0%	9					9		F	Υ	
L2034	Kafo pla sin up w/wo k/a cus	\$2,379.42	\$2,379.42	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	
L2035	Kafo plastic pediatric size	\$211.13	\$211.13	0	0%	0%	0%	9	9	9	9	9	9		F		
L2036	Kafo plas doub free knee mol	\$2,690.47	\$2,690.47	0	0%		0%								F	Υ	
L2037	Kafo plas sing free knee mol	\$2,219.62	\$2,219.62	0	0%	0%	0%	9					9		F	Υ	
L2038	Kafo w/o joint multi-axis an	\$1,869.80	\$1,869.80	0	0%	0%	0%	9							F	Υ	
L2040	Hkafo torsion bil rot straps	\$256.84	\$256.84	0	0%		0%						9		F	Υ	
L2050	Hkafo torsion cable hip pelv	\$543.07	\$543.07	0	0%	0%	0%						9		F	Υ	
L2060	Hkafo torsion ball bearing j	\$768.90	\$768.90	0	0%	0%	0%				_		9		F	Υ	
L2070	Hkafo torsion unilat rot str	\$151.18	\$151.18	0	0%	0%	0%						9		F	Υ	
L2080	Hkafo unilat torsion cable	\$466.08	\$466.08	0	0%	0%	0%				-		9		F	Υ	
L2090	Hkafo unilat torsion ball br	\$657.20	\$657.20	0	0%	0%	0%								F	Υ	
L2106	Afo tib fx cast plaster mold	\$787.80	\$787.80	0	0%	0%	0%						9		F	Υ	
L2108	Afo tib fx cast molded to pt	\$1,347.05	\$1,347.05	0	0%	0%	0%						_		F	Υ	



		DOLLAR	VALUE					ODIFIERS									
HCPCS	ADDDEWATED DESCRIPTION	NON-FACILITY	FACILITY			INTRA OP							TSI	ENDO	<b>E</b> 01	LIC DEO	PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)							BASE	FSI	LIC REQ	AUTH
L2112	Afo tibial fracture soft	\$543.76	\$543.76	0	0%	0%	0%								F		
L2114	Afo tib fx semi-rigid	\$667.24	\$667.24	0	0%	0%	0%		_			_			F		
L2116	Afo tibial fracture rigid	\$800.23	\$800.23	0	0%	0%	0%	9				_	9		F		
L2126	Kafo fem fx cast thermoplas	\$1,346.05	\$1,346.05	0	0%	0%	0%	9			_		9		F	Υ	
L2128	Kafo fem fx cast molded to p	\$2,570.02	\$2,570.02	0	0%	0%	0%		-	9	_		9		F	Y	
L2132	Kafo femoral fx cast soft	\$906.78	\$906.78	0	0%	0%	0%	9					<u> </u>		F		
L2134	Kafo fem fx cast semi-rigid	\$1,136.93	\$1,136.93	0	0%	0%	0%	9	9	9	9	9	9		F		
L2136	Kafo femoral fx cast rigid	\$1,329.35	\$1,329.35	0	0%	0%	0%	9	_	9	U	_	9		F		
L2180	Plas shoe insert w ank joint	\$131.64	\$131.64	0	0%	0%	0%	9		9	9	9	9	)	F		
L2182	Drop lock knee	\$121.13	\$121.13	0	0%	0%	0%	9	9	9	9	9	9		F		
L2184	Limited motion knee joint	\$139.25	\$139.25	0	0%	0%	0%	9	9	9	9	9	9		F		
L2186	Adj motion knee jnt lerman t	\$194.83	\$194.83	0	0%	0%	0%	9		9	U		9		F		
L2188	Quadrilateral brim	\$364.76	\$364.76	0	0%	0%	0%						9		F		
L2190	Waist belt	\$98.17	\$98.17	0	0%	0%	0%	9	9	9	9	9	9		F		
L2192	Pelvic band & belt thigh fla	\$400.80	\$400.80	0	0%	0%	0%	9	9	9	9	9	9		F		
L2200	Limited ankle motion ea jnt	\$71.26	\$71.26	0	0%	0%	0%	9	9	9	9	9	9		F		
L2210	Dorsiflexion assist each joi	\$79.21	\$79.21	0	0%	0%	0%	9	9	9	9	9	9	)	F		
L2220	Dorsi & plantar flex ass/res	\$108.78	\$108.78	0	0%	0%	0%	9	9	9	9	9	9	)	F		
L2230	Split flat caliper stirr & p	\$105.90	\$105.90	0	0%	0%	0%	9	9	9	9	9	9	)	F		
L2232	Rocker bottom, contact afo	\$116.78	\$116.78	0	0%	0%	0%	9	9	9	9	9	9		F		
L2240	Round caliper and plate atta	\$94.90	\$94.90	0	0%	0%	0%	9	9	9	9	9	9	)	F		
L2250	Foot plate molded stirrup at	\$532.56	\$532.56	0	0%	0%	0%	9	9	9	9	9	9		F		
L2260	Reinforced solid stirrup	\$225.34	\$225.34	0	0%	0%	0%	9			9	9	9	)	F		
L2265	Long tongue stirrup	\$132.38	\$132.38	0	0%	0%	0%	9	9	9	9	9	9		F		
L2270	Varus/valgus strap padded/li	\$80.50	\$80.50	0	0%	0%	0%	9	9	9	9	9	9	)	F		
L2275	Plastic mod low ext pad/line	\$175.81	\$175.81	0	0%	0%	0%	9	9	9	9	9	9		F		
L2280	Molded inner boot	\$509.78	\$509.78	0	0%	0%	0%	9	9	9	9	9	9	)	F	Υ	
L2300	Abduction bar jointed adjust	\$377.34	\$377.34	0	0%	0%	0%	9	9	9	9	9	9		F		
L2310	Abduction bar-straight	\$184.38	\$184.38	0	0%	0%	0%	9	9	9	9	9	9	1	F		
L2320	Non-molded lacer	\$295.48	\$295.48	0	0%	0%	0%	9		9			9		F		
L2330	Lacer molded to patient mode	\$522.20	\$522.20	0	0%	0%	0%	9		9	_		9		F	Υ	
L2335	Anterior swing band	\$279.58	\$279.58	0	0%	0%	0%	9		9	_		9		F	-	
L2340	Pre-tibial shell molded to p	\$620.36	\$620.36	0			0%								F	Υ	
L2350	Prosthetic type socket molde	\$1,130.02	\$1,130.02	0	0%		0%								F	Y	
L2360	Extended steel shank	\$77.54	\$77.54	0	0%	0%	0%	9							F		
L2370	Patten bottom	\$308.35	\$308.35	0	0%	0%	0%						9		F		
L2375	Torsion ank & half solid sti	\$127.01	\$127.01	0	0%	0%	0%						a		F		
L2380	Torsion straight knee joint	\$140.89	\$140.89	0		0%	0%								F		
L2385	Straight knee joint heavy du	\$150.56	\$150.56	0	0%	0%	0%	9			_		_		F		
L2387	Add le poly knee custom kafo	\$228.29	\$228.29	0	0%	0%	0%	9				_	, i		F		
L2390	Offset knee joint each	\$123.05	\$123.05	0		0%	0%						_		F		
L2390 L2395	Offset knee joint heavy duty	\$175.87	\$175.87	0		0%	0%								F		
L2395 L2397	Suspension sleeve lower ext	\$148.55	\$175.87 \$148.55	0	0%	0%	0%						_		F		
L2397 L2405	Knee joint drop lock ea jnt	\$146.55	\$102.29	0	0%	0%	0%						_		F		
LZ403	Innee Joint Grop lock ea jiit	\$102.29	\$102.29	U	U-70	0%	0%	9	9	9	9	9	9				



		DOLLAR	R VALUE				М	ODIFIERS	S								
HCPCS	ADDDEWATED DECORPTION	NON-FACILITY	FACILITY			INTRA OP					ASI	CSI		ENDO	<b>50</b> 1	/ /O DEO	PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)	(26/TC)							FSI	LIC REQ	AUTH
L2415	Knee joint cam lock each joi	\$142.51	\$142.51	0		0%	0%					_	,		F		
L2425	Knee disc/dial lock/adj flex	\$168.19	\$168.19	0		0%	0%						, ,		F		
L2430	Knee jnt ratchet lock ea jnt	\$168.19	\$168.19	0	0,0	0%	0%				·		9		F		
L2492	Knee lift loop drop lock rin	\$118.85	\$118.85	0	0 70	0%	0%	9					9		F		
L2500	Thi/glut/ischia wgt bearing	\$380.75	\$380.75	0	0,0	0%	0%						9		F		
L2510	Th/wght bear quad-lat brim m	\$928.81	\$928.81	0		0%	0%						<u>′                                     </u>		F	Υ	
L2520	Th/wght bear quad-lat brim c	\$547.21	\$547.21	0	0%	0%	0%	9					9		F		
L2525	Th/wght bear nar m-l brim mo	\$1,458.62	\$1,458.62	0	0 70	0%	0%	9	•				9		F	Υ	
L2526	Th/wght bear nar m-l brim cu	\$1,026.59	\$1,026.59	0	0,0	0%	0%						, <u> </u>		F		
L2530	Thigh/wght bear lacer non-mo	\$275.76	\$275.76	0		0%	0%						9		F		
L2540	Thigh/wght bear lacer molded	\$599.45	\$599.45	0	0%	0%	0%	9			9	_	9		F	Υ	
L2550	Thigh/wght bear high roll cu	\$352.25	\$352.25	0	0%	0%	0%	9					9		F		
L2570	Hip clevis type 2 posit jnt	\$551.54	\$551.54	0		0%	0%					-	9		F		4
L2580	Pelvic control pelvic sling	\$616.56	\$616.56	0		0%	0%	<u> </u>				9	<u>′                                     </u>		F		
L2600	Hip clevis/thrust bearing fr	\$267.42	\$267.42	0	0%	0%	0%	9			9	9	9		F		
L2610	Hip clevis/thrust bearing lo	\$322.27	\$322.27	0	0%	0%	0%	9	Ū		9	9	9		F		
L2620	Pelvic control hip heavy dut	\$353.53	\$353.53	0	0,0	0%	0%						,		F		
L2622	Hip joint adjustable flexion	\$344.71	\$344.71	0		0%	0%						<u>′                                     </u>		F		
L2624	Hip adj flex ext abduct cont	\$372.23	\$372.23	0	0,0	0%	0%	9					9		F		
L2627	Plastic mold recipro hip & c	\$1,927.02	\$1,927.02	0	0 70	0%	0%	9					9		F	Υ	
L2628	Metal frame recipro hip & ca	\$2,511.05	\$2,511.05	0		0%	0%						9		F		
L2630	Pelvic control band & belt u	\$294.02	\$294.02	0		0%	0%						9		F		<u> </u>
L2640	Pelvic control band & belt b	\$458.26	\$458.26	0	0%	0%	0%	9	9	9	9	9	9		F		
L2650	Pelv & thor control gluteal	\$179.86	\$179.86	0	0%	0%	0%	9	Ů		Ŭ		9		F		
L2660	Thoracic control thoracic ba	\$209.51	\$209.51	0	0,0	0%	0%						,		F		
L2670	Thorac cont paraspinal uprig	\$198.23	\$198.23	0		0%	0%						9		F		
L2680	Thorac cont lat support upri	\$175.91	\$175.91	0	0%	0%	0%					9	9		F		
L2750	Plating chrome/nickel pr bar	\$110.39	\$110.39	0	0 70	0%	0%	9					9		F	Υ	
L2755	Carbon graphite lamination	\$153.34	\$153.34	0	0,0	0%	0%						,		F	Υ	
L2760	Extension per extension per	\$69.76	\$69.76	0		0%	0%						9		F		
L2768	Ortho sidebar disconnect	\$152.87	\$152.87	0	0%	0%	0%	9			9	9	9		F	Υ	
L2780	Non-corrosive finish	\$101.44	\$101.44	0	0%	0%	0%						9		F	Υ	
L2785	Drop lock retainer each	\$39.32	\$39.32	0											F		
L2795	Knee control full kneecap	\$118.40	\$118.40	0			0%					_	,		F		<u> </u>
L2800	Knee cap medial or lateral p	\$137.45	\$137.45	0		0%	0%						9		F		
L2810	Knee control condylar pad	\$87.79	\$87.79	0	0,0	0%	0%					_	9		F		
L2820	Soft interface below knee se	\$97.62	\$97.62	0			0%						,		F	Υ	
L2830	Soft interface above knee se	\$105.60	\$105.60	0			0%						9		F	Y	
L2840	Tibial length sock fx or equ	\$49.12	\$49.12	0	0,0	0%	0%					_	9		F		
L2850	Femoral Igth sock fx or equa	\$69.60	\$69.60	0	0,0	0%	0%					_	9		F		
L2861	Torsion mechanism knee/ankle	\$441.78	\$441.78	0		0%	0%						,		F	Υ	
L2999	Lower extremity orthosis nos	By Report	By Report	0		0%	0%						9		N	Υ	
L3000	Ft insert ucb berkeley shell	\$368.59	\$368.59	0		0%	0%								F		
L3001	Foot insert remov molded spe	\$155.20	\$155.20	0	0%	0%	0%	9	9	9	9	9	9		F		



		DOLLAF	R VALUE					ODIFIERS									
HCPCS	ADDDEWATED DECODIDION	NON-FACILITY	FACILITY			INTRA OP							TSI	ENDO	<b>50</b> /		PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)							BASE	FSI	LIC REQ	AUTH
L3002	Foot insert plastazote or eq	\$189.50	\$189.50	0	0%	0%	0%								F		
L3003	Foot insert silicone gel eac	\$204.49	\$204.49	0	0%	0%	0%		_			_			F		
L3010	Foot longitudinal arch suppo	\$204.49	\$204.49	0	0%	0%	0%						9		F		
L3020	Foot longitud/metatarsal sup	\$232.79	\$232.79	0	0%	0%	0%	9			_		9		F		
L3030	Foot arch support remov prem	\$89.56	\$89.56	0	0%	0%	0%			9	_		9		F		
L3031	Foot lamin/prepreg composite	\$149.34	\$149.34	0	0%	0%	0%								F		
L3040	Ft arch suprt premold longit	\$55.21	\$55.21	0	0%	0%	0%	9	9	9	9	9	9		F		
L3050	Foot arch supp premold metat	\$55.21	\$55.21	0	0%	0%	0%	9		9	U		9		F		
L3060	Foot arch supp longitud/meta	\$86.53	\$86.53	0	0%	0%	0%			9	9	9	9	)	F		<u> </u>
L3070	Arch suprt att to sho longit	\$37.27	\$37.27	0	0%	0%	0%			9	9	9	9		F		<u> </u>
L3080	Arch supp att to shoe metata	\$37.27	\$37.27	0	0%	0%	0%	9	9	9	9	9	9		F		
L3090	Arch supp att to shoe long/m	\$47.77	\$47.77	0	0%	0%	0%	9	9	9	9	9	9		F		
L3100	Hallus-valgus nt dyn pre ots	\$50.74	\$50.74	0	0%	0%	0%						9		F		
L3140	Abduction rotation bar shoe	\$104.48	\$104.48	0	0%	0%	0%	9	9	9	9	9	9		F		
L3150	Abduct rotation bar w/o shoe	\$95.51	\$95.51	0	0%	0%	0%	9	9	9	9	9	9		F		
L3160	Shoe styled positioning dev	\$134.69	\$134.69	0	0%	0%	0%	9	9	9	9	9	9	)	F		
L3170	Foot plas heel stabi pre ots	\$59.71	\$59.71	0	0%	0%	0%	9	9	9	9	9	9	)	F		
L3201	Oxford w supinat/pronat inf	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Х		
L3202	Oxford w/ supinat/pronator c	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
L3203	Oxford w/ supinator/pronator	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
L3204	Hightop w/ supp/pronator inf	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
L3206	Hightop w/ supp/pronator chi	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
L3207	Hightop w/ supp/pronator jun	Not Covered	Not Covered	0	0%	0%	0%	9			9	9	9	)	Χ		
L3208	Surgical boot each infant	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Х		
L3209	Surgical boot each child	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Х		
L3211	Surgical boot each junior	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Х		
L3212	Benesch boot pair infant	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
L3213	Benesch boot pair child	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Х		
L3214	Benesch boot pair junior	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	1	Х		
L3215	Orthopedic ftwear ladies oxf	\$105.08	\$105.08	0	0%	0%	0%			9			9		F		
L3216	Orthoped ladies shoes dpth i	\$116.27	\$116.27	0	0%	0%	0%	9		9	_		9		F		
L3217	Ladies shoes hightop depth i	\$161.63	\$161.63	0	0%	0%	0%			9	_		9		F		
L3219	Orthopedic mens shoes oxford	\$122.50	\$122.50	0			0%								F		
L3221	Orthopedic mens shoes dpth i	\$137.65	\$137.65	0	0%		0%								F		
L3222	Mens shoes hightop depth inl	\$193.95	\$193.95	0	0%	0%	0%						9		F		
L3224	Woman's shoe oxford brace	\$66.11	\$66.11	0	0%	0%	0%						9		F		
L3225	Man's shoe oxford brace	\$76.04	\$76.04	0	0%		0%						a		F		
L3230	Custom shoes depth inlay	\$431.00	\$431.00	0			0%								F		<del>                                     </del>
L3250	Custom mold shoe remov prost	\$316.97	\$316.97	0	0%	0%	0%				_	_	_		F		
L3251	Shoe molded to pt silicone s	\$634.66	\$634.66	0	0%	0%	0%						, i		F		
L3252	Shoe molded plastazote cust	\$361.23	\$361.23	0			0%						_		F		
L3253	Shoe molded plastazote cust	\$72.88	\$72.88	0			0%								F		<del> </del>
L3254	Orth foot non-stndard size/w	\$26.94	\$26.94	0	0%	0%	0%						_		F		
L3254 L3255	Orth foot non-standard size/	\$26.94	\$26.94	0	0%	0%	0%						_		F		
L3233	Orth 100t Hon-Standard Size/	\$20.94	Φ20.94	U	0%	0%	0%	9	9	9	9	9	9		1		



		DOLLAF	VALUE				МС	ODIFIERS									
HCPCS		NON-FACILITY	FACILITY			INTRA OP			MSI					ENDO			PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)	(26/TC)				_			FSI	LIC REQ	AUTH
L3257	Orth foot add charge split s	\$90.13	\$90.13	0		0%	0%						·		F		
L3260	Ambulatory surgical boot eac	\$30.79	\$30.79	0	0%	0%	0%				9		9		F		
L3265	Plastazote sandal each	\$32.33	\$32.33	0	0%	0%	0%	9	9		9		9		F		
L3300	Sho lift taper to metatarsal	\$61.18	\$61.18	0	0%	0%	0%	9			9		9		F		
L3310	Shoe lift elev heel/sole neo	\$95.51	\$95.51	0	0%	0%	0%					9	9		F		
L3320	Shoe lift elev heel/sole cor	\$156.24	\$156.24	0	0%	0%	0%					9	9		F		
L3330	Lifts elevation metal extens	\$664.07	\$664.07	0	0%	0%	0%	9	9		9	9	9		F		
L3332	Shoe lifts tapered to one-ha	\$86.53	\$86.53	0	0%	0%	0%	9	9		9	9	9		F		
L3334	Shoe lifts elevation heel /i	\$44.78	\$44.78	0	0,0	0%	0%						,		F		
L3340	Shoe wedge sach	\$100.02	\$100.02	0		0%	0%				9	_	9		F		
L3350	Shoe heel wedge	\$26.89	\$26.89	0	0%	0%	0%	9			9	_	9		F		
L3360	Shoe sole wedge outside sole	\$41.78	\$41.78	0	0%	0%	0%	9			9	_	9		F		
L3370	Shoe sole wedge between sole	\$58.15	\$58.15	0	0%	0%	0%				9		9		F		
L3380	Shoe clubfoot wedge	\$58.15	\$58.15	0		0%	0%				9				F		
L3390	Shoe outflare wedge	\$58.15	\$58.15	0	0%	0%	0%	9	9		9		9		F		
L3400	Shoe metatarsal bar wedge ro	\$47.77	\$47.77	0	0%	0%	0%	9	9		9	9	9		F		
L3410	Shoe metatarsal bar between	\$108.92	\$108.92	0	0,0	0%	0%					9	9		F		
L3420	Full sole/heel wedge btween	\$64.19	\$64.19	0	0%	0%	0%	9			9	9	9		F		
L3430	Sho heel count plast reinfor	\$188.03	\$188.03	0	0%	0%	0%	9	9		9		9		F		
L3440	Heel leather reinforced	\$89.56	\$89.56	0	0%	0%	0%	9	9		9		9		F		
L3450	Shoe heel sach cushion type	\$123.88	\$123.88	0	0%	0%	0%				9		9		F		
L3455	Shoe heel new leather standa	\$47.77	\$47.77	0	0%	0%	0%				9		9		F		
L3460	Shoe heel new rubber standar	\$40.26	\$40.26	0	0%	0%	0%	9			9	9	9		F		
L3465	Shoe heel thomas with wedge	\$68.64	\$68.64	0	0%	0%	0%	9	9		9	·	9		F		
L3470	Shoe heel thomas extend to b	\$73.12	\$73.12	0		0%	0%						_		F		
L3480	Shoe heel pad & depress for	\$73.12	\$73.12	0	0%	0%	0%	9			9	9	9		F		
L3485	Shoe heel pad removable for	\$35.56	\$35.56	0	0%	0%	0%	9			9	9	9		F		
L3500	Ortho shoe add leather insol	\$34.32	\$34.32	0	0%	0%	0%	9	9		9		9		F		
L3510	Orthopedic shoe add rub insl	\$34.32	\$34.32	0	0%	0%	0%		_				9		F		
L3520	O shoe add felt w leath insl	\$37.27	\$37.27	0	0%	0%	0%	9			9	9	9		F		
L3530	Ortho shoe add half sole	\$37.27	\$37.27	0	0%	0%	0%	9	9	9	9	9	9		F		
L3540	Ortho shoe add full sole	\$59.71	\$59.71	0	0%	0%	0%	9	9		9	9	9		F		
L3550	O shoe add standard toe tap	\$10.42	\$10.42				0%								F		
L3560	O shoe add horseshoe toe tap	\$26.89	\$26.89	0			0%	9			9	9	9		F		
L3570	O shoe add instep extension	\$100.02	\$100.02	0		0%	0%	9					_		F		
L3580	O shoe add instep velcro clo	\$76.10	\$76.10	0		0%	0%	9				_			F		
L3590	O shoe convert to sof counte	\$62.68	\$62.68	0			0%								F		
L3595	Ortho shoe add march bar	\$49.22	\$49.22	0			0%						9		F		
L3600	Trans shoe calip plate exist	\$89.56	\$89.56	0	0%	0%	0%		9				9		F		
L3610	Trans shoe caliper plate new	\$117.89	\$117.89	0	0%	0%	0%		9				9		F		
L3620	Trans shoe solid stirrup exi	\$89.56	\$89.56	0		0%	0%						_		F		
L3630	Trans shoe solid stirrup new	\$117.89	\$117.89	0		0%	0%								F		
L3640	Shoe dennis browne splint bo	\$50.74	\$50.74	0		0%	0%								F		
L3649	Orthopedic shoe modifica nos	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		



		DOLLAR	VALUE				МС	ODIFIERS	3								
HCPCS		NON-FACILITY	FACILITY			INTRA OP			MSI		ASI			ENDO			PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)	(26/TC)			(-80)	(-62)			FSI	LIC REQ	AUTH
L3650	So 8 abd restraint pre ots	\$69.54	\$69.54	0		0%	0%						·		F		
L3660	So 8 ab rstr can/web pre ots	\$113.05	\$113.05	0	0%	0%	0%	9			9	9	9		F		
L3670	So acro/clav can web pre ots	\$129.29	\$129.29	0	0%	0%	0%	9	9		9		9		F		
L3671	So cap design w/o jnts cf	\$962.24	\$962.24	0	0%	0%	0%	9			9		9		F		
L3674	So airplane w/wo joint cf	\$1,262.27	\$1,262.27	0	0%	0%	0%					9	9		F	Υ	
L3675	So vest canvas/web pre ots	\$187.40	\$187.40	0	0%	0%	0%	9			9	9	9		F		
L3677	So hard plas stabili pre cst	\$161.63	\$161.63	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	
L3678	So hard plas stabili pre ots	\$146.98	\$146.98	0	0%	0%	0%	9	9		9	9	9		F		
L3702	Eo w/o joints cf	\$308.35	\$308.35	0	0,0	0%	0%						,		F		
L3710	Eo elas w/metal jnts pre ots	\$135.97	\$135.97	0	0%	0%	0%	9	9	9	9	9	9		F		
L3720	Forearm/arm cuffs free motio	\$859.37	\$859.37	0	0%	0%	0%	9	9	9	9	9	9		F		
L3730	Forearm/arm cuffs ext/flex a	\$1,156.18	\$1,156.18	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	
L3740	Cuffs adj lock w/ active con	\$1,180.25	\$1,180.25	0	0%	0%	0%				9	_	9		F	Υ	<u> </u>
L3760	Eo adj jt prefab custom fit	\$534.02	\$534.02	0	0%	0%	0%	9	9	9	9	9	9		F		
L3761	Eo, adj lock joint prefab ot	\$534.02	\$534.02	0	0%	0%	0%	9	9	9	9	9	9		F		
L3762	Eo rigid w/o joints pre ots	\$114.82	\$114.82	0	0%	0%	0%	9	9	9	9	9	9		F		
L3763	Ewho rigid w/o jnts cf	\$789.49	\$789.49	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	
L3764	Ewho w/joint(s) cf	\$886.45	\$886.45	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	
L3765	Ewhfo rigid w/o jnts cf	\$1,369.27	\$1,369.27	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	
L3766	Ewhfo w/joint(s) cf	\$1,449.95	\$1,449.95	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	
L3806	Whfo w/joint(s) custom fab	\$485.09	\$485.09	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	
L3807	Whfo w/o joints pre cst	\$267.02	\$267.02	0	0%	0%	0%	9	9	9	9	9	9		F		
L3808	Whfo, rigid w/o joints	\$384.80	\$384.80	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	
L3809	Whfo w/o joints pre ots	\$267.02	\$267.02	0	0%	0%	0%	9	9	9	9	9	9		F		
L3891	Torsion mechanism wrist/elbo	\$242.44	\$242.44	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	
L3900	Hinge extension/flex wrist/f	\$1,601.92	\$1,601.92	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	
L3901	Hinge ext/flex wrist finger	\$1,980.44	\$1,980.44	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	
L3904	Whfo electric custom fitted	\$3,221.21	\$3,221.21	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	
L3905	Who w/nontorsion jnt(s) cf	\$1,059.01	\$1,059.01	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	
L3906	Who w/o joints cf	\$455.84	\$455.84	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	
L3908	Who cock-up nonmolde pre ots	\$87.86	\$87.86	0	0%	0%	0%	9	9	9	9	9	9		F		
L3912	Hfo flexion glove pre ots	\$139.09	\$139.09	0	0%	0%	0%	9	9	9	9	9	9		F		
L3913	Hfo w/o joints cf	\$289.22	\$289.22	0	0%	0%	0%	9	9	9	9	9			F	Υ	
L3915	Who nontorsion jnts pre cst	\$567.64	\$567.64	0	0%	0%	0%	9	9	9	9	9			F		
L3916	Who nontorsion jnts pre ots	\$567.64	\$567.64	0	0%	0%	0%	9	9	9	9	9	9		F		
L3917	Metacarp fx orthosis pre cst	\$112.85	\$112.85	0	0%	0%	0%	9	9	9	9	9	9		F		
L3918	Metacarp fx orthosis pre ots	\$112.85	\$112.85	0			0%	9			9	9	9		F		
L3919	Ho w/o joints cf	\$289.22	\$289.22	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	
L3921	Hfo w/joint(s) cf	\$343.01	\$343.01	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	
L3923	Hfo without joints pre cst	\$105.16	\$105.16	0	0%	0%	0%	9	9		9	9	9		F		
L3924	Hfo without joints pre ots	\$105.16	\$105.16	0	0%	0%	0%	9	9	9	9	9	9		F		
L3925	Fo pip dip jnt/sprng pre ots	\$68.27	\$68.27	0	0%	0%	0%	9			9	9	9		F		
L3927	Fo pip dip no jt spr pre ots	\$37.33	\$37.33	0	0%	0%	0%	9	9	9	9	9	9		F		
L3929	Hfo nontorsion jnts pre cst	\$104.18	\$104.18	0	0%	0%	0%	9	9	9	9	9	9		F		



		DOLLAF	R VALUE				М	ODIFIERS	}								
HCPCS CODE	ABBREVIATED DESCRIPTION	NON-FACILITY SETTING	FACILITY SETTING	FOL UP	PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)						ENDO BASE	FSI	LIC REQ	PRIOR AUTH
L3930	Hfo nontorsion jnts pre ots	\$104.18	\$104.18	0	0%	0%	0%	9	9	9	9	9	9		F		
L3931	Whfo nontorsion joint prefab	\$205.74	\$205.74	0	0%	0%	0%		9	9	9	9	9		F		
L3933	Fo w/o joints cf	\$227.82	\$227.82	0	0%	0%	0%		9	9		_	9		F	Υ	
L3935	Fo nontorsion joint cf	\$235.90	\$235.90	0	0%	0%	0%	9					9		F	Υ	
L3956	Add joint upper ext orthosis	\$107.75	\$107.75	0	0%	0%	0%						9		F	Υ	
L3960	Sewho airplan desig abdu pos	\$909.00	\$909.00	0	0%	0%	0%			9			9		F		
L3961	Sewho cap design w/o jnts cf	\$1,794.14	\$1,794.14	0	0%	0%	0%	9		9		_			F		
L3962	Sewho erbs palsey design abd	\$982.30	\$982.30	0	0%	0%	0%	9	9	9			9		F		
L3967	Sewho airplane w/o jnts cf	\$2,118.28	\$2,118.28	0	0%	0%	0%	_	9	9			9		F		
L3971	Sewho cap design w/jnt(s) cf	\$2,010.76	\$2,010.76	0	0%	0%	0%						_		F		
L3973	Sewho airplane w/jnt(s) cf	\$2,118.28	\$2,118.28	0	0%	0%	0%	9				_	9		F		
L3975	Sewhfo cap design w/o jnt cf	\$1,794.14	\$1,794.14	0	0%	0%	0%	9					_		F		
L3976	Sewhfo airplane w/o jnts cf	\$1,794.14	\$1,794.14	0	0%	0%	0%						9		F		
L3977	Sewhfo cap desgn w/jnt(s) cf	\$2,010.76	\$2,010.76	0	0%	0%	0%						9		F		
L3978	Sewhfo airplane w/jnt(s) cf	\$2,118.28	\$2,118.28	0	0%	0%	0%	9				_			F		
L3980	Up ext fx orthos humeral nos	\$340.06	\$340.06	0	0%	0%	0%	9		9		_	9		F		
L3981	Ue fx orth shoul cap forearm	\$1,074.89	\$1,074.89	0	0%	0%	0%	Ü	Ů	9		•	9		F		
L3982	Upper ext fx orthosis rad/ul	\$410.64	\$410.64	0	0%	0%	0%			9	_		Ŭ		F.		
L3984	Upper ext fx orthosis wrist	\$395.16	\$395.16	0	0%	0%	0%	9		Ť			9		F		
L3995	Sock fracture or equal each	\$39.92	\$39.92	0	0%	0%	0%	9					, i		F		
L3999	Upper limb orthosis nos	By Report	By Report	0	0%	0%	0%						_		N	V	
L4000	Repl girdle milwaukee orth	\$1,628.27	\$1,628.27	0	0%	0%	0%								F	\ \ \	
L4002	Replace strap, any orthosis	By Report	By Report	0	0%	0%	0%	9							N	'	
L4002 L4010	Replace strap, any officials  Replace trilateral socket br	\$899.69	\$899.69	0	0%	0%	0%	9		9	_	_	9		F	V	
L4010	Replace quadlat socket brim	\$1,077.14	\$1,077.14	0	0%	0%	0%	_		O			U		F	V	
L4020	Replace socket brim cust fit	\$742.73	\$742.73	0	0%	0%	0%						_		F	V	<del>                                     </del>
L4040	Replace molded thigh lacer	\$611.80	\$611.80	0	0%	0%	0%					_			<u>г</u>	T V	
L4040 L4045	Replace non-molded thigh lac	\$371.96	\$371.96	0	0%	0%	0%	9		9			9		<u>г</u>	T V	
L4045 L4050	·	\$559.13	\$571.96	0	0%	0%	0%			Ū			9		r F	T V	
	Replace molded calf lacer			0	0%	0%	0%						Ŭ		F	T V	-
L4055	Replace non-molded calf lace  Replace high roll cuff	\$304.85	\$304.85	0			0%					_			F	Y	
L4060	<u> </u>	\$454.20	\$454.20	0	0%	0%		9					9		<u>г</u>	Ť	
L4070	Replace prox & dist upright	\$374.45	\$374.45	0	0%	0%	0%	9			U		9		F	Y	
L4080	Repl met band kafo-afo prox	\$134.65	\$134.65	0			0%								F	Y	
L4090	Repl met band kafo-afo calf/	\$135.23	\$135.23	0	0%		0%								F	Y	
L4100	Repl leath cuff kafo prox th	\$156.34	\$156.34	0	0%	0%	0%						_		F	Y	$\blacksquare$
L4110	Repl leath cuff kafo-afo cal	\$127.10	\$127.10	0	0%	0%	0%						_		F	Y	
L4130	Replace pretibial shell	\$743.59	\$743.59	0	0%		0%								F	Y	4
L4205	Ortho dvc repair per 15 min	\$43.10	\$43.10	0	0%		0%						_		F	Y	
L4210	Orth dev repair/repl minor p	\$57.17	\$57.17	0	0%	0%	0%						_		-	Υ	
L4350	Ankle control ortho pre ots	\$110.65	\$110.65	0	0%	0%	0%						_		F		
L4360	Pneumat walking boot pre cst	\$415.00	\$415.00	0	0%		0%								F		4
L4361	Pneuma/vac walk boot pre ots	\$415.00	\$415.00	0	0%		0%								F		4
L4370	Pneum full leg splnt pre ots	\$282.95	\$282.95	0	0%	0%	0%				-				F		
L4386	Non-pneum walk boot pre cst	\$186.02	\$186.02	0	0%	0%	0%	9	9	9	9	9	9		F		



1		DOLLAR	VALUE					ODIFIERS									
HCPCS CODE	ABBREVIATED DESCRIPTION	NON-FACILITY SETTING	FACILITY SETTING	FOL UP	PRE OP (-56)	INTRA OP (-54)	POST OP (-55)				_	CSI	TSI	ENDO BASE	FSI	LIC REQ	PRIOR AUTH
					·							_	_	_		LICKEQ	AUTH
	Non-pneum walk boot pre ots	\$186.02	\$186.02	0	0%	0%	0%								F		
	Replace afo soft interface	\$27.14	\$27.14	0	0%	0%	0%		_		4				F		
	Replace foot drop spint	\$19.79	\$19.79	0	0%	0%	0%			_			9		F		
	Static or dynami afo pre cst	\$193.60	\$193.60	0	0%	0%	0%	9			_		9		F		
	Static or dynami afo pre ots	\$193.60	\$193.60	0	0%	0%	0%				_		9		F		
	Foot drop splint pre ots	\$89.14	\$89.14	0	0%	0%	0%						<u> </u>		F	) /	
	Afo, walk boot type, cus fab	\$1,794.97	\$1,794.97	0	0%	0%	0%	9	_		<u> </u>				F	Y	<u> </u>
	Sho insert w arch toe filler	\$630.30	\$630.30	0	0%	0%	0%	9			U	•	9		F	Υ	Υ
	Mold socket ank hgt w/ toe f	\$1,518.74	\$1,518.74	0	0%	0%	0%								F	Υ	Υ
L5020	Tibial tubercle hgt w/ toe f	\$2,816.51	\$2,816.51	0	0%	0%	0%						<u> </u>		F	Υ	Υ
	Ank symes mold sckt sach ft	\$3,362.73	\$3,362.73	0	0%	0%	0%	9					9		F	Υ	Υ
	Symes met fr leath socket ar	\$4,462.23	\$4,462.23	0	0%	0%	0%	9			Ū				F	Υ	Υ
	Molded socket shin sach foot	\$3,485.46	\$3,485.46	0	0%	0%	0%						Ŭ		F	Υ	Υ
	Plast socket jts/thgh lacer	\$4,919.19	\$4,919.19	0	0%	0%	0%						9		F	Υ	Υ
	Mold sckt ext knee shin sach	\$5,086.40	\$5,086.40	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	Υ
	Mold socket bent knee shin s	\$6,205.56	\$6,205.56	0	0%	0%	0%	9	_	9	9		9		F	Υ	Υ
	Kne sing axis fric shin sach	\$5,081.53	\$5,081.53	0	0%	0%	0%				_		9	)	F	Υ	Υ
	No knee/ankle joints w/ ft b	\$4,036.13	\$4,036.13	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	Υ
	No knee joint with artic ali	\$4,587.80	\$4,587.80	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	Υ
L5230	Fem focal defic constant fri	\$6,135.89	\$6,135.89	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	Υ
L5250	Hip canad sing axi cons fric	\$7,984.63	\$7,984.63	0	0%	0%	0%		9	9	9	9	9		F	Υ	Υ
L5270	Tilt table locking hip sing	\$8,554.50	\$8,554.50	0	0%	0%	0%	9	9	9	9	9	9	)	F	Υ	Υ
L5280	Hemipelvect canad sing axis	\$8,468.96	\$8,468.96	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	Υ
L5301	Bk mold socket sach ft endo	\$3,494.89	\$3,494.89	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	
L5312	Knee disart, sach ft, endo	\$5,486.38	\$5,486.38	0	0%	0%	0%	9	9	9	9	9	9	)	F	Υ	Υ
L5321	Ak open end sach	\$5,399.03	\$5,399.03	0	0%	0%	0%	9	9	9	9	9	9	)	F	Υ	
L5331	Hip disart canadian sach ft	\$7,660.58	\$7,660.58	0	0%	0%	0%	9	9	9	9	9	9	)	F	Υ	
L5341	Hemipelvectomy canadian sach	\$7,995.54	\$7,995.54	0	0%	0%	0%	9	9	9	9	9	9	)	F	Υ	
L5400	Postop dress & 1 cast chg bk	\$1,668.24	\$1,668.24	0	0%	0%	0%	9	9	9	9	9	9	)	F	Υ	Υ
L5410	Postop dsg bk ea add cast ch	\$641.28	\$641.28	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	Υ
L5420	Postop dsg & 1 cast chg ak/d	\$2,014.99	\$2,014.99	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	Υ
L5430	Postop dsg ak ea add cast ch	\$628.95	\$628.95	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	Υ
L5450	Postop app non-wgt bear dsg	\$550.40	\$550.40	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	Υ
	Postop app non-wgt bear dsg	\$728.75	\$728.75	0	0%	0%	0%	9					9		F	Υ	Υ
	Init bk ptb plaster direct	\$1,602.16	\$1,602.16	0	0%	0%	0%						9	)	F	Υ	Υ
	Init ak ischal plstr direct	\$2,169.75	\$2,169.75	0	0%	0%	0%						9		F	Υ	Υ
	Prep bk ptb plaster molded	\$1,967.96	\$1,967.96	0	0%		0%					_	9		F	Υ	Υ
	Perp bk ptb thermopls direct	\$1,793.94	\$1,793.94	0	0%		0%								F	Υ	Y
	Prep bk ptb thermopls molded	\$2,503.46	\$2,503.46	0	0%	0%	0%				_				F	Υ	Υ
	Prep bk ptb open end socket	\$2,585.88	\$2,585.88	0	0%	0%	0%								F	Υ	Y
	Prep bk ptb laminated socket	\$2,760.09	\$2,760.09	0	0%		0%						_		F	Υ	Y
	Prep ak ischial plast molded	\$2,696.49	\$2,696.49	0	0%		0%								F.	Y	Y
	Prep ak ischial direct form	\$2,836.18	\$2,836.18	0	0%	0%	0%								F	Υ	Υ
	Prep ak ischial thermo mold	\$3,249.01	\$3,249.01	0	0%	0%	0%						_		F	Y	Y



		DOLLAR	VALUE					ODIFIERS									
HCPCS CODE	ABBREVIATED DESCRIPTION	NON-FACILITY	FACILITY	_	_	_						CSI	TSI	ENDO	ESI	LIC REQ	PRIOR
		SETTING	SETTING	UP	(-56)	(-54)	(-55)							BASE	FSI	LIC REQ	AUTH
L5585	Prep ak ischial open end	\$3,601.03	\$3,601.03	0	0%	0%	0%				_				F	Y	Υ
L5590	Prep ak ischial laminated	\$3,152.53	\$3,152.53	0	0%	0%	0%		_				_		F	Y	Υ
L5595	Hip disartic sach thermopls	\$5,631.35	\$5,631.35	0	0%	0%	0%	9					9		F	Υ	Υ
L5600	Hip disart sach laminat mold	\$7,097.94	\$7,097.94	0	0%	0%	0%	9		9	·				F	Υ	Υ
L5610	Above knee hydracadence	\$3,313.49	\$3,313.49	0	0%	0%	0%		-	9	_		9		F	Y	Υ
L5611	Ak 4 bar link w/fric swing	\$2,200.89	\$2,200.89	0	0%	0%	0%								F	Y	Υ
L5613	Ak 4 bar ling w/hydraul swig	\$3,057.19	\$3,057.19	0	0%	0%	0%	9	_		<u> </u>		9		F	Υ	Υ
L5614	4-bar link above knee w/swng	\$2,066.54	\$2,066.54	0	0%	0%	0%	9	_		·		9		F	Υ	
L5616	Ak univ multiplex sys frict	\$1,694.28	\$1,694.28	0	0%	0%	0%			9			9		F	Y	Υ
L5617	Ak/bk self-aligning unit ea	\$685.19	\$685.19	0	0%	0%	0%			9			9	)	F	Y	
L5618	Test socket symes	\$389.71	\$389.71	0	0%	0%	0%	9		9			9		F	Υ	Υ
L5620	Test socket below knee	\$370.04	\$370.04	0	0%	0%	0%	9			U		9	)	F	Υ	Υ
L5622	Test socket knee disarticula	\$521.88	\$521.88	0	0%	0%	0%						9	)	F	Y	Υ
L5624	Test socket above knee	\$469.85	\$469.85	0	0%	0%	0%	9	9	9	9	9	9		F	Y	Υ
L5626	Test socket hip disarticulat	\$682.16	\$682.16	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	Υ
L5628	Test socket hemipelvectomy	\$754.21	\$754.21	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	Υ
L5629	Below knee acrylic socket	\$396.45	\$396.45	0	0%	0%	0%	9	9	9	9	9	9	)	F	Y	Υ
L5630	Syme typ expandabl wall sckt	\$631.79	\$631.79	0	0%	0%	0%	9	9	9	9	9	9	)	F	Y	Υ
L5631	Ak/knee disartic acrylic soc	\$548.11	\$548.11	0	0%	0%	0%	9	9	9	9	9	9	)	F	Υ	Υ
L5632	Symes type ptb brim design s	\$369.31	\$369.31	0	0%	0%	0%	9	9	9	9	9	9	)	F	Υ	Υ
L5634	Symes type poster opening so	\$439.96	\$439.96	0	0%	0%	0%	9	9	9	9	9	9	)	F	Υ	Υ
L5636	Symes type medial opening so	\$392.14	\$392.14	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	Υ
L5637	Below knee total contact	\$371.40	\$371.40	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	Υ
L5638	Below knee leather socket	\$688.20	\$688.20	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	Υ
L5639	Below knee wood socket	\$1,576.39	\$1,576.39	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	Υ
L5640	Knee disarticulat leather so	\$1,044.03	\$1,044.03	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	Υ
L5642	Above knee leather socket	\$1,030.53	\$1,030.53	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	Υ
L5643	Hip flex inner socket ext fr	\$2,228.95	\$2,228.95	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	Υ
L5644	Above knee wood socket	\$822.65	\$822.65	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	Υ
L5645	Bk flex inner socket ext fra	\$995.35	\$995.35	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	Υ
L5646	Below knee cushion socket	\$731.66	\$731.66	0	0%	0%	0%	9	9	9	9	9	9	)	F	Υ	Υ
L5647	Below knee suction socket	\$992.31	\$992.31	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	Υ
L5648	Above knee cushion socket	\$821.31	\$821.31	0	0%		0%						9		F	Υ	Υ
L5649	Isch containmt/narrow m-l so	\$2,510.60	\$2,510.60	0	0%		0%								F	Υ	Υ
L5650	Tot contact ak/knee disart s	\$715.93	\$715.93	0	0%	0%	0%								F	Υ	Υ
L5651	Ak flex inner socket ext fra	\$1,498.11	\$1,498.11	0	0%	0%	0%						9		F	Υ	Υ
L5652	Suction susp ak/knee disart	\$543.88	\$543.88	0	0%		0%					_	.9		F	Υ	Υ
L5653	Knee disart expand wall sock	\$892.31	\$892.31	0			0%								F	Υ	Ϋ́
L5654	Socket insert symes	\$483.31	\$483.31	0	0%	0%	0%				_	_			F	Υ	Υ
L5655	Socket insert below knee	\$433.06	\$433.06	0	0%	0%	0%						_		F	Υ	Y
L5656	Socket insert knee articulat	\$617.00	\$617.00	0			0%								F	Υ	Y
L5658	Socket insert above knee	\$604.76	\$604.76	0			0%								F	Υ	Y
L5661	Multi-durometer symes	\$759.15	\$759.15	0	0%	0%	0%						_		F	Υ	Υ
L5665	Multi-durometer below knee	\$638.74	\$638.74	0	0%	0%	0%						_		F	Υ	Y



		DOLLAR	VALUE					ODIFIERS									
HCPCS CODE	APPREVIATED DESCRIPTION	NON-FACILITY	FACILITY	_		_						CSI	TSI	ENDO	ECI	LIC REQ	PRIOR AUTH
	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)							BASE	FSI	LIC REQ	AUIH
L5666	Below knee cuff suspension	\$88.61	\$88.61	0	0%	0%	0%				-				F	Y	Y
L5668	Bk molded distal cushion	\$139.98	\$139.98	0	0%	0%	0%		_						F	Y	Υ
L5670	Bk molded supracondylar susp	\$369.49	\$369.49	0	0%	0%	0%	9					9		F	Υ	Υ
L5671	Bk/ak locking mechanism	\$827.35	\$827.35	0	0%	0%	0%	9		9	·		9		F	Y	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
L5672	Bk removable medial brim sus	\$402.55	\$402.55	0	0%	0%	0%			9	_		9		F	Y	Υ
L5673	Socket insert w lock mech	\$893.59	\$893.59	0	0%	0%	0%						<u> </u>		F	Υ	
L5676	Bk knee joints single axis p	\$526.63	\$526.63	0	0%	0%	0%	9	_		<u> </u>		9		F	Υ	Υ
L5677	Bk knee joints polycentric p	\$670.36	\$670.36	0	0%	0%	0%	9	_	9	U		9		F	Υ	Υ
L5678	Bk joint covers pair	\$59.03	\$59.03	0	0%	0%	0%			9					F	Υ	Υ
L5679	Socket insert w/o lock mech	\$744.64	\$744.64	0	0%	0%	0%								F	Υ	
L5680	Bk thigh lacer non-molded	\$442.31	\$442.31	0	0%	0%	0%	9		9			9		F	Υ	Υ
L5681	Intl custm cong/latyp insert	\$1,610.88	\$1,610.88	0	0%	0%	0%	9			U		O		F	Υ	
L5682	Bk thigh lacer glut/ischia m	\$788.74	\$788.74	0	0%	0%	0%								F	Υ	Υ
L5683	Initial custom socket insert	\$1,610.88	\$1,610.88	0	0%	0%	0%			9	9	9	9	)	F	Υ	
L5684	Bk fork strap	\$80.05	\$80.05	0	0%	0%	0%	9	9	9	9	9	9	)	F	Υ	Υ
L5685	Below knee sus/seal sleeve	\$156.86	\$156.86	0	0%	0%	0%	9	9	9	5		9		F	Υ	
L5686	Bk back check	\$79.53	\$79.53	0	0%	0%	0%		9	9	9	9	9		F	Υ	Υ
L5688	Bk waist belt webbing	\$87.05	\$87.05	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	Υ
L5690	Bk waist belt padded and lin	\$132.41	\$132.41	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	Υ
L5692	Ak pelvic control belt light	\$194.55	\$194.55	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	Υ
L5694	Ak pelvic control belt pad/l	\$300.56	\$300.56	0	0%	0%	0%	9	9	9	9	9	9	)	F	Υ	Υ
L5695	Ak sleeve susp neoprene/equa	\$203.44	\$203.44	0	0%	0%	0%	9	9	9	9	9	9	)	F	Υ	Υ
L5696	Ak/knee disartic pelvic join	\$307.74	\$307.74	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	Υ
L5697	Ak/knee disartic pelvic band	\$133.53	\$133.53	0	0%	0%	0%	9	9	9	9	9	9	)	F	Υ	Υ
L5698	Ak/knee disartic silesian ba	\$155.98	\$155.98	0	0%	0%	0%	9	9	9	9	9	9	)	F	Υ	Υ
L5699	Shoulder harness	\$306.65	\$306.65	0	0%	0%	0%	9	9	9	9	9	9	)	F	Υ	Υ
L5700	Replace socket below knee	\$4,555.03	\$4,555.03	0	0%	0%	0%	9	9	9	9	9	9	)	F	Υ	
L5701	Replace socket above knee	\$5,535.31	\$5,535.31	0	0%	0%	0%	9	9	9	9	9	9	)	F	Υ	
L5702	Replace socket hip	\$6,628.05	\$6,628.05	0	0%	0%	0%	9	9	9	9	9	9	)	F	Υ	
L5703	Symes ankle w/o (sach) foot	\$3,056.70	\$3,056.70	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	
L5704	Custom shape cover bk	\$760.70	\$760.70	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	
L5705	Custom shape cover ak	\$1,248.86	\$1,248.86	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	
L5706	Custom shape cvr knee disart	\$1,237.79	\$1,237.79	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	
L5707	Custom shape cvr hip disart	\$1,759.59	\$1,759.59	0	0%	0%	0%	9			9	9	9		F	Υ	
L5710	Kne-shin exo sng axi mnl loc	\$567.60	\$567.60	0	0%	0%	0%	9					9		F	Υ	Υ
L5711	Knee-shin exo mnl lock ultra	\$768.40	\$768.40	0	0%	0%	0%				9	9	9		F	Υ	Υ
L5712	Knee-shin exo frict swg & st	\$689.83	\$689.83	0	0%		0%					_	9		F	Υ	Υ
L5714	Knee-shin exo variable frict	\$521.78	\$521.78	0	0%		0%						9		F	Υ	Υ
L5716	Knee-shin exo mech stance ph	\$909.20	\$909.20	0	0%	0%	0%				_				F	Υ	Υ
L5718	Knee-shin exo frct swg & sta	\$1,136.41	\$1,136.41	0	0%	0%	0%						9		F	Υ	Υ
L5722	Knee-shin pneum swg frct exo	\$1,323.19	\$1,323.19	0	0%		0%						9		F	Υ	Υ
L5724	Knee-shin exo fluid swing ph	\$2,003.60	\$2,003.60	0	0%		0%								F	Υ	Y
L5726	Knee-shin ext jnts fld swg e	\$2,424.80	\$2,424.80	0	0%	0%	0%						_		F	Υ	Υ
L5728	Knee-shin fluid swg & stance	\$3,227.08	\$3,227.08	0	0%	0%	0%						_		F	Υ	Υ



		DOLLAI	R VALUE				М	ODIFIERS	3								
HCPCS CODE	ABBREVIATED DESCRIPTION	NON-FACILITY SETTING	FACILITY SETTING	FOL UP	PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	<i>PCTC</i> (26/TC)	MSI (-51)		ASI	CSI		ENDO	FSI	LIC REQ	PRIOR AUTH
				_								Ė			F	LIC KEQ	V
L5780	Knee-shin pneum/hydra pneum	\$1,428.25	\$1,428.25	0		0%	0%						·		<u> </u>	Y	Y
L5781	Lower limb pros vacuum pump	\$4,900.00	\$4,900.00	0	0%	0%	0%				9		9		<u> </u>	Y	Y
L5782	Hd low limb pros vacuum pump	\$5,165.70	\$5,165.70	0	0%	0%	0%	9	9		9		9		<u> </u>	Y	
L5785	Exoskeletal bk ultralt mater	\$774.25	\$774.25	0	0%	0%	0%	9			9		9		F	Y	Y
L5790	Exoskeletal ak ultra-light m	\$932.25	\$932.25	0	0%	0%	0%					9	9		<u> </u>	Y	'
L5795	Exoskel hip ultra-light mate	\$1,339.40	\$1,339.40	0	0%	0%	0%					9	9		<u> </u>	Y	Υ
L5810	Endoskel knee-shin mnl lock	\$693.56	\$693.56	0	0%	0%	0%	9	9		9	9	9		<u> </u>	Y	Υ
L5811	Endo knee-shin mnl lck ultra	\$909.80	\$909.80	0	0%	0%	0%	9	9		9	9	9		<u>F</u>	Y	Y
L5812	Endo knee-shin frct swg & st	\$787.39	\$787.39	0	0,0	0%	0%						,		<u>F</u>	Y	Υ
L5814	Endo knee-shin hydral swg ph	\$4,548.18	\$4,548.18	0	0%	0%	0%			_	9	_	9		F	Y	
L5816	Endo knee-shin polyc mch sta	\$1,060.91	\$1,060.91	0	0%	0%	0%	9			9	_	9		F	Υ	Υ
L5818	Endo knee-shin frct swg & st	\$1,197.98	\$1,197.98	0	0%	0%	0%	9	9		9		9		F	Υ	Υ
L5822	Endo knee-shin pneum swg frc	\$2,124.33	\$2,124.33	0	0%	0%	0%				9	_	9		F	Y	Υ
L5824	Endo knee-shin fluid swing p	\$1,913.08	\$1,913.08	0		0%	0%				9				F	Y	Υ
L5826	Miniature knee joint	\$3,972.84	\$3,972.84	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	
L5828	Endo knee-shin fluid swg/sta	\$3,522.79	\$3,522.79	0	0%	0%	0%	9	9		9	9	9		F	Υ	Υ
L5830	Endo knee-shin pneum/swg pha	\$3,071.60	\$3,071.60	0	0,0	0%	0%				9	9	9		F	Y	Υ
L5840	Multi-axial knee/shin system	\$5,035.03	\$5,035.03	0	0%	0%	0%	9	9	9	9	9	9		F	Y	
L5845	Knee-shin sys stance flexion	\$2,195.01	\$2,195.01	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	
L5848	Knee-shin sys hydraul stance	\$1,316.89	\$1,316.89	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	
L5850	Endo ak/hip knee extens assi	\$159.59	\$159.59	0	0%	0%	0%	9	9	9	9	9	9		F	Y	Υ
L5855	Mech hip extension assist	\$513.68	\$513.68	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	
L5856	Elec knee-shin swing/stance	\$29,398.61	\$29,398.61	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	
L5857	Elec knee-shin swing only	\$10,431.78	\$10,431.78	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	
L5858	Stance phase only	\$22,760.24	\$22,760.24	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	
L5859	Knee-shin pro flex/ext cont	\$18,829.70	\$18,829.70	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	
L5910	Endo below knee alignable sy	\$451.80	\$451.80	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	Υ
L5920	Endo ak/hip alignable system	\$661.90	\$661.90	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	Υ
L5925	Above knee manual lock	\$544.08	\$544.08	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	
L5930	High activity knee frame	\$4,122.05	\$4,122.05	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	
L5940	Endo bk ultra-light material	\$778.00	\$778.00	0	0%	0%	0%	9	9		9	9	9		F	Υ	Υ
L5950	Endo ak ultra-light material	\$1,118.28	\$1,118.28	0	0%	0%	0%	9	9		9	9	9		F	Υ	Υ
L5960	Endo hip ultra-light materia	\$1,278.14	\$1,278.14	0	0%	0%	0%	9			9	9	9		F	Υ	Υ
L5961	Endo poly hip, pneu/hyd/rot	\$6,052.08	\$6,052.08	0		0%	0%								F	Υ	
L5962	Below knee flex cover system	\$977.68	\$977.68	0		0%	0%	9							F	Υ	
L5964	Above knee flex cover system	\$1,407.44	\$1,407.44	0		0%	0%	9							F	Υ	
L5966	Hip flexible cover system	\$1,824.68	\$1,824.68	0			0%					_	9		F	Υ	
L5968	Multiaxial ankle w dorsiflex	\$4,450.28	\$4,450.28	0		0%	0%								F.	Υ	1
L5969	Ak/ft power asst incl motors	By Report	By Report	0	0%	0%	0%		9				9		N	Υ	
L5970	Foot external keel sach foot	\$305.99	\$305.99	0	0%	0%	0%	9	9				9		F	Υ	Υ
L5971	Sach foot, replacement	\$305.99	\$305.99	0		0%	0%						9		F	Υ	
L5972	Flexible keel foot	\$489.04	\$489.04	0		0%	0%						_		F.	Υ	Υ
L5973	Ank-foot sys dors-plant flex	Not Covered	Not Covered	0		0%	0%								X		
L5974	Foot single axis ankle/foot	\$387.60	\$387.60	0		0%	0%								F	Υ	Υ



		DOLLAR	VALUE				МС	ODIFIERS	3								
HCPCS		NON-FACILITY	FACILITY	_		INTRA OP			MSI		ASI	CSI		ENDO			PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)	(26/TC)			(-80)	(-62)			FSI	LIC REQ	AUTH
L5975	Combo ankle/foot prosthesis	\$567.73	\$567.73	0		0%	0%						·		F	Υ	
L5976	Energy storing foot	\$780.96	\$780.96	0	0%	0%	0%	9			9	9	9		F	Υ	Υ
L5978	Ft prosth multiaxial ankl/ft	\$441.38	\$441.38	0	0%	0%	0%	9	9		9		9		F	Υ	Υ
L5979	Multi-axial ankle/ft prosth	\$3,760.20	\$3,760.20	0	0%	0%	0%	9			9		9		F	Υ	
L5980	Flex foot system	\$5,057.28	\$5,057.28	0	0%	0%	0%					9	9		F	Υ	Υ
L5981	Flex-walk sys low ext prosth	\$4,086.28	\$4,086.28	0	0%	0%	0%	9			9	9	9		F	Υ	
L5982	Exoskeletal axial rotation u	\$953.28	\$953.28	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	Υ
L5984	Endoskeletal axial rotation	\$901.19	\$901.19	0	0%	0%	0%	9	9		9	9	9		F	Υ	Υ
L5985	Lwr ext dynamic prosth pylon	\$345.84	\$345.84	0	0%	0%	0%				9	9	,		F	Υ	
L5986	Multi-axial rotation unit	\$953.83	\$953.83	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	Υ
L5987	Shank ft w vert load pylon	\$8,809.76	\$8,809.76	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	
L5988	Vertical shock reducing pylo	\$2,446.49	\$2,446.49	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	
L5990	User adjustable heel height	\$2,221.79	\$2,221.79	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	
L5999	Lowr extremity prosthes nos	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	Υ	Υ
L6000	Part hand thumb rem	\$2,210.01	\$2,210.01	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	Υ
L6010	Part hand little/ring	\$2,459.38	\$2,459.38	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	Υ
L6020	Part hand no fingers	\$2,292.98	\$2,292.98	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	Υ
L6026	Part hand myo exclu term dev	\$5,447.80	\$5,447.80	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	Υ
L6050	Wrst mld sck flx hng tri pad	\$2,708.38	\$2,708.38	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	Υ
L6055	Wrst mold sock w/exp interfa	\$4,044.04	\$4,044.04	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	Υ
L6100	Elb mold sock flex hinge pad	\$2,917.28	\$2,917.28	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	Υ
L6110	Elbow mold sock suspension t	\$2,975.43	\$2,975.43	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	Υ
L6120	Elbow mold doub splt soc ste	\$3,741.51	\$3,741.51	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	Υ
L6130	Elbow stump activated lock h	\$4,305.81	\$4,305.81	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	Υ
L6200	Elbow mold outsid lock hinge	\$4,418.91	\$4,418.91	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	Υ
L6205	Elbow molded w/ expand inter	\$5,536.28	\$5,536.28	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	Υ
L6250	Elbow inter loc elbow forarm	\$4,120.95	\$4,120.95	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	Υ
L6300	Shider disart int lock elbow	\$5,796.64	\$5,796.64	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	Υ
L6310	Shoulder passive restor comp	\$4,811.69	\$4,811.69	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	Υ
L6320	Shoulder passive restor cap	\$2,131.85	\$2,131.85	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	Υ
L6350	Thoracic intern lock elbow	\$6,515.03	\$6,515.03	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	Υ
L6360	Thoracic passive restor comp	\$5,297.90	\$5,297.90	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	Υ
L6370	Thoracic passive restor cap	\$2,533.71	\$2,533.71	0	0%	0%	0%	9			9	9			F	Υ	Υ
L6380	Postop dsg cast chg wrst/elb	\$1,705.88	\$1,705.88	0	0%	0%	0%	9	9	9	9	9			F	Υ	Υ
L6382	Postop dsg cast chg elb dis/	\$2,008.20	\$2,008.20	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	Υ
L6384	Postop dsg cast chg shlder/t	\$2,542.40	\$2,542.40	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	Υ
L6386	Postop ea cast chg & realign	\$575.86	\$575.86	0			0%	9			9	9	9		F	Υ	Υ
L6388	Postop applicat rigid dsg on	\$632.93	\$632.93	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	Υ
L6400	Below elbow prosth tiss shap	\$3,229.68	\$3,229.68	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	Υ
L6450	Elb disart prosth tiss shap	\$4,384.23	\$4,384.23	0	0%	0%	0%	9	9		9	9	9		F	Υ	Υ
L6500	Above elbow prosth tiss shap	\$4,434.34	\$4,434.34	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	Υ
L6550	Shldr disar prosth tiss shap	\$5,931.89	\$5,931.89	0	0%	0%	0%	9			9	9	9		F	Υ	Υ
L6570	Scap thorac prosth tiss shap	\$6,612.35	\$6,612.35	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	Υ
L6580	Wrist/elbow bowden cable mol	\$2,247.14	\$2,247.14	0	0%	0%	0%	9			9	9	9		F	Υ	Υ



		DOLLAR	VALUE					ODIFIERS									
HCPCS	4 D D D S (	NON-FACILITY	FACILITY	_	_	INTRA OP						CSI	TSI	ENDO	<b>50</b> /		PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)							BASE	FSI	LIC REQ	AUTH
L6582	Wrist/elbow bowden cbl dir f	\$1,785.73	\$1,785.73	0	0%	0%	0%				_				F	Υ	Y
L6584	Elbow fair lead cable molded	\$3,034.06	\$3,034.06	0	0%	0%	0%		_				9		F	Υ	Υ
L6586	Elbow fair lead cable dir fo	\$2,593.05	\$2,593.05	0	0%	0%	0%	9		9	9	9	9		F	Υ	Υ
L6588	Shdr fair lead cable molded	\$4,390.59	\$4,390.59	0	0%	0%	0%	9		9	·		9		F	Υ	Υ
L6590	Shdr fair lead cable direct	\$4,045.56	\$4,045.56	0	0%	0%	0%			9	_		9		F	Υ	Υ
L6600	Polycentric hinge pair	\$253.54	\$253.54	0	0%	0%	0%						<u> </u>		F	Υ	Υ
L6605	Single pivot hinge pair	\$239.20	\$239.20	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	Υ
L6610	Flexible metal hinge pair	\$218.15	\$218.15	0	0%	0%	0%	9	_		U		9		F	Υ	Υ
L6611	Additional switch, ext power	\$504.24	\$504.24	0	0%	0%	0%			9					F	Υ	
L6615	Disconnect locking wrist uni	\$266.60	\$266.60	0	0%	0%	0%			9			9	)	F	Υ	Υ
L6616	Disconnect insert locking wr	\$97.15	\$97.15	0	0%	0%	0%	9		9			9		F	Υ	Υ
L6620	Flexion/extension wrist unit	\$417.58	\$417.58	0	0%	0%	0%	9			U		O		F	Υ	Υ
L6621	Flex/ext wrist w/wo friction	\$2,801.14	\$2,801.14	0	0%	0%	0%								F	Υ	
L6623	Spring-ass rot wrst w/ latch	\$898.31	\$898.31	0	0%	0%	0%			9	9	9	9	)	F	Υ	Υ
L6624	Flex/ext/rotation wrist unit	\$4,612.15	\$4,612.15	0	0%	0%	0%	9	9	9	9	9	9	)	F	Υ	
L6625	Rotation wrst w/ cable lock	\$768.25	\$768.25	0	0%	0%	0%	9	_	9	5		9	)	F	Υ	Υ
L6628	Quick disconn hook adapter o	\$721.46	\$721.46	0	0%	0%	0%				_		9	)	F	Υ	Υ
L6629	Lamination collar w/ couplin	\$182.84	\$182.84	0	0%	0%	0%	9	9	9	9	9	9	)	F	Υ	Υ
L6630	Stainless steel any wrist	\$268.85	\$268.85	0	0%	0%	0%	9	9	9	9	9	9	)	F	Υ	Υ
L6632	Latex suspension sleeve each	\$81.05	\$81.05	0	0%	0%	0%	9		9	9	9	9		F	Υ	Υ
L6635	Lift assist for elbow	\$235.71	\$235.71	0	0%	0%	0%				_		9	)	F	Υ	Υ
L6637	Nudge control elbow lock	\$542.03	\$542.03	0	0%	0%	0%						9	)	F	Υ	Υ
L6638	Elec lock on manual pw elbow	\$3,062.51	\$3,062.51	0	0%	0%	0%	9	9	9	9	9	9	)	F	Υ	
L6640	Shoulder abduction joint pai	\$429.76	\$429.76	0	0%	0%	0%	9	•	9	O	•	9		F	Υ	Υ
L6641	Excursion amplifier pulley t	\$214.24	\$214.24	0	0%	0%	0%			9	9	9	9	)	F	Υ	Υ
L6642	Excursion amplifier lever ty	\$289.71	\$289.71	0	0%	0%	0%			9	9	9	9	)	F	Υ	Υ
L6645	Shoulder flexion-abduction j	\$494.56	\$494.56	0	0%	0%	0%	9			Ŭ		9	)	F	Υ	Υ
L6646	Multipo locking shoulder jnt	\$3,862.51	\$3,862.51	0	0%	0%	0%	9			U		9	)	F	Υ	
L6647	Shoulder lock actuator	\$635.86	\$635.86	0	0%	0%	0%			9	_				F	Υ	
L6648	Ext pwrd shider lock/unlock	\$3,983.64	\$3,983.64	0	0%	0%	0%	9		9			9	)	F	Υ	
L6650	Shoulder universal joint	\$426.51	\$426.51	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	Υ
L6655	Standard control cable extra	\$124.95	\$124.95	0	0%	0%	0%	9			·		9		F	Υ	Υ
L6660	Heavy duty control cable	\$132.26	\$132.26	0			0%								F	Υ	Υ
L6665	Teflon or equal cable lining	\$61.51	\$61.51	0	0%		0%		9	9	9	9	9	)	F	Υ	Υ
L6670	Hook to hand cable adapter	\$63.60	\$63.60	0	0%	0%	0%						9	)	F	Υ	Υ
L6672	Harness chest/shider saddle	\$241.49	\$241.49	0	0%	0%	0%					_	9		F	Υ	Υ
L6675	Harness figure of 8 sing con	\$149.81	\$149.81	0	0%		0%						9		F	Υ	Υ
L6676	Harness figure of 8 dual con	\$184.16	\$184.16	0		0%	0%			9			9		F	Υ	Υ
L6677	Ue triple control harness	\$363.29	\$363.29	0	0%	0%	0%		9	9			9		F	Υ	
L6680	Test sock wrist disart/bel e	\$296.76	\$296.76	0	0%	0%	0%		9	9	•		9		F	Υ	Υ
L6682	Test sock elbw disart/above	\$377.56	\$377.56	0		0%	0%								F	Υ	Υ
L6684	Test socket shldr disart/tho	\$578.51	\$578.51	0		0%	0%	9	9	9	9	9	9		F	Υ	Υ
L6686	Suction socket	\$829.39	\$829.39	0	0%	0%	0%								F	Υ	Υ
L6687	Frame typ socket bel elbow/w	\$719.56	\$719.56	0	0%	0%	0%	9	9	9	9	9	9		F	Y	Υ



		DOLLAF	R VALUE				МС	ODIFIERS	;								
HCPCS		NON-FACILITY	FACILITY			INTRA OP			MSI		ASI			ENDO			PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)	(26/TC)	(-51)	(-50)	(-80)	(-62)			FSI	LIC REQ	AUTH
L6688	Frame typ sock above elb/dis	\$881.13	\$881.13	0		0%	0%				9		·		F	Υ	Υ
L6689	Frame typ socket shoulder di	\$1,078.43	\$1,078.43	0	0%	0%	0%				9		9		F	Υ	Υ
L6690	Frame typ sock interscap-tho	\$1,143.71	\$1,143.71	0	0%	0%	0%	9	9		9		9		F	Υ	Υ
L6691	Removable insert each	\$494.80	\$494.80	0	0%	0%	0%	9			9		9		F	Υ	Υ
L6692	Silicone gel insert or equal	\$697.63	\$697.63	0	0%	0%	0%				9	9	9		F	Υ	Υ
L6693	Lockingelbow forearm cntrbal	\$3,476.78	\$3,476.78	0	0%	0%	0%	9			9	9	9		F	Υ	
L6694	Elbow socket ins use w/lock	\$893.59	\$893.59	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	
L6695	Elbow socket ins use w/o lck	\$744.64	\$744.64	0	0%	0%	0%	9	9		9	9	9		F	Υ	
L6696	Cus elbo skt in for con/atyp	\$1,610.88	\$1,610.88	0	0,0	0%	0%				9		,		F	Υ	
L6697	Cus elbo skt in not con/atyp	\$1,610.88	\$1,610.88	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	
L6698	Below/above elbow lock mech	\$827.35	\$827.35	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	
L6703	Term dev, passive hand mitt	\$411.85	\$411.85	0	0%	0%	0%	9			9	9	9		F	Υ	
L6704	Term dev, sport/rec/work att	\$781.76	\$781.76	0	0%	0%	0%				9		9		F	Υ	
L6706	Term dev mech hook vol open	\$497.26	\$497.26	0		0%	0%				9		9		F	Υ	
L6707	Term dev mech hook vol close	\$1,754.34	\$1,754.34	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	
L6708	Term dev mech hand vol open	\$1,224.16	\$1,224.16	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	
L6709	Term dev mech hand vol close	\$1,755.45	\$1,755.45	0	0%	0%	0%		9	9	9	9	9		F	Υ	
L6711	Ped term dev, hook, vol open	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
L6712	Ped term dev, hook, vol clos	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
L6713	Ped term dev, hand, vol open	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
L6714	Ped term dev, hand, vol clos	Not Covered	Not Covered	0	0%	0%	0%		9	9	9	9	9		Χ		
L6715	Term device, multi art digit	\$3,866.35	\$3,866.35	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	Υ
L6721	Hook/hand, hvy dty, vol open	\$2,880.30	\$2,880.30	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	
L6722	Hook/hand, hvy dty, vol clos	\$2,483.05	\$2,483.05	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	
L6805	Term dev modifier wrist unit	\$527.64	\$527.64	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	Υ
L6810	Term dev precision pinch dev	\$249.68	\$249.68	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	
L6880	Elec hand ind art digits	\$29,259.80	\$29,259.80	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	Υ
L6881	Term dev auto grasp feature	\$5,006.65	\$5,006.65	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	
L6882	Microprocessor control uplmb	\$3,797.78	\$3,797.78	0	0%	0%	0%		9	9	9	9	9		F	Υ	
L6883	Replc sockt below e/w disa	\$2,556.36	\$2,556.36	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	
L6884	Replc sockt above elbow disa	\$3,493.28	\$3,493.28	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	
L6885	Replc sockt shldr dis/interc	\$5,297.90	\$5,297.90	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	
L6890	Prefab glove for term device	\$231.64	\$231.64	0	0%	0%	0%	9			9	9			F	Υ	Υ
L6895	Custom glove for term device	\$773.40	\$773.40	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	Υ
L6900	Hand restorat thumb/1 finger	\$2,422.25	\$2,422.25	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	Υ
L6905	Hand restoration multiple fi	\$2,442.08	\$2,442.08	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	Υ
L6910	Hand restoration no fingers	\$2,004.30	\$2,004.30	0			0%				9	9	•		F	Υ	Υ
L6915	Hand restoration replacmnt g	\$905.81	\$905.81	0	0%	0%	0%	9			9	9	9		F	Υ	Υ
L6920	Wrist disarticul switch ctrl	\$9,707.04	\$9,707.04	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	Υ
L6925	Wrist disart myoelectronic c	\$10,616.01	\$10,616.01	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	Υ
L6930	Below elbow switch control	\$10,531.99	\$10,531.99	0	0%	0%	0%	9			9	9	9		F	Υ	Υ
L6935	Below elbow myoelectronic ct	\$11,130.85	\$11,130.85	0	0%	0%	0%	9			9	9	9		F	Υ	Υ
L6940	Elbow disarticulation switch	\$12,609.81	\$12,609.81	0	0%	0%	0%	9			9	9	9		F	Υ	Υ
L6945	Elbow disart myoelectronic c	\$13,971.59	\$13,971.59	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	Υ



		DOLLAF	R VALUE				М	ODIFIERS	S								
HCPCS	40005144550000000000	NON-FACILITY	FACILITY	_		_				BSI	ASI	CSI		ENDO	=0.		PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)	(26/TC)							FSI	LIC REQ	AUTH
L6950	Above elbow switch control	\$13,170.55	\$13,170.55	0		0%	0%						,		F	Υ	Υ
L6955	Above elbow myoelectronic ct	\$14,899.24	\$14,899.24	0		0%	0%						<u>′                                     </u>		F	Υ	Υ
L6960	Shldr disartic switch contro	\$16,226.96	\$16,226.96	0	0,0	0%	0%				9	9	9		F	Υ	Υ
L6965	Shldr disartic myoelectronic	\$18,324.81	\$18,324.81	0	0 70	0%	0%				9		9		F	Υ	Υ
L6970	Interscapular-thor switch ct	\$18,194.31	\$18,194.31	0	• , •	0%	0%				9		9		F	Υ	Υ
L6975	Interscap-thor myoelectronic	\$19,935.20	\$19,935.20	0		0%	0%						<u>′                                     </u>		F	Υ	Υ
L7007	Adult electric hand	\$4,352.23	\$4,352.23	0	0%	0%	0%				9	9	9		F	Υ	
L7008	Pediatric electric hand	Not Covered	Not Covered	0	070	0%	0%		_		9	9	9		X	Υ	
L7009	Adult electric hook	\$4,706.95	\$4,706.95	0	0,0	0%	0%						9		F	Υ	
L7040	Prehensile actuator	\$3,757.43	\$3,757.43	0		0%	0%				9		9		F	Υ	Υ
L7045	Pediatric electric hook	Not Covered	Not Covered	0	0%	0%	0%				9	9	9		X	Υ	
L7170	Electronic elbow hosmer swit	\$7,617.18	\$7,617.18	0	0%	0%	0%				9		9		F	Υ	Υ
L7180	Electronic elbow sequential	\$45,704.55	\$45,704.55	0	• • •	0%	0%					9	9		F	Υ	Υ
L7181	Electronic elbo simultaneous	\$49,069.14	\$49,069.14	0		0%	0%					9	9		F	Υ	
L7185	Electron elbow adolescent sw	\$8,000.90	\$8,000.90	0	0%	0%	0%				9	9	9		F	Υ	
L7186	Electron elbow child switch	Not Covered	Not Covered	0	0%	0%	0%		Ů		9	9	9		X	Υ	
L7190	Elbow adolescent myoelectron	\$9,939.60	\$9,939.60	0	0,0	0%	0%				9		,		F	Υ	Υ
L7191	Elbow child myoelectronic ct	Not Covered	Not Covered	0	0,0	0%	0%				9	9	9		X	Υ	<u> </u>
L7259	Electronic wrist rotator any	\$5,191.30	\$5,191.30	0	0,0	0%	0%				9		9		F	Υ	Υ
L7360	Six volt bat otto bock/eq ea	\$331.08	\$331.08	0	070	0%	0%				9		9		F	Υ	Υ
L7362	Battery chrgr six volt otto	\$343.19	\$343.19	0	•	0%	0%				9		9		F	Υ	Υ
L7364	Twelve volt battery utah/equ	\$650.05	\$650.05	0		0%	0%				9		9		F	Υ	Υ
L7366	Battery chrgr 12 volt utah/e	\$840.24	\$840.24	0	0%	0%	0%		9	9	9	9	9		F	Υ	Υ
L7367	Replacemnt lithium ionbatter	\$476.79	\$476.79	0	0%	0%	0%		Ů		9		9		F	Υ	
L7368	Lithium ion battery charger	\$618.06	\$618.06	0	0,0	0%	0%						,		F	Υ	
L7400	Add ue prost be/wd, ultlite	\$375.35	\$375.35	0		0%	0%				9		9		F	Υ	
L7401	Add ue prost a/e ultlite mat	\$420.20	\$420.20	0	0%	0%	0%				9	9	9		F	Υ	
L7402	Add ue prost s/d ultlite mat	\$453.79	\$453.79	0	0 70	0%	0%				9		9		F	Υ	
L7403	Add ue prost b/e acrylic	\$450.98	\$450.98	0		0%	0%						9		F	Υ	
L7404	Add ue prost a/e acrylic	\$680.69	\$680.69	0		0%	0%						9		F	Υ	
L7405	Add ue prost s/d acrylic	\$890.24	\$890.24	0	0%	0%	0%				9	9	9		F	Υ	
L7499	Upper extremity prosthes nos	By Report	By Report	0	0%	0%	0%				9		9		N	Υ	Υ
L7510	Prosthetic device repair rep	By Report	By Report	0											N	Υ	
L7520	Repair prosthesis per 15 min	By Report	By Report	0			0%					_	9		N	Υ	
L7600	Prosthetic donning sleeve	By Report	By Report	0	0,0	0%	0%						9		N	Υ	
L7700	Pros soc insert gasket/seal	\$161.03	\$161.03	0	0%	0%	0%					9	9		F		
L7900	Male vacuum erection system	\$690.42	\$690.42	0			0%						,		F		
L7902	Tension ring, vac erect dev	\$24.71	\$24.71	0			0%						9		F	Y	Υ
L8000	Mastectomy bra	\$51.49	\$51.49	0	0,0	0%	0%					_	9		F		
L8001	Breast prosthesis bra & form	\$153.63	\$153.63	0	0,10	0%	0%					_	9		F		
L8002	Brst prsth bra & bilat form	\$202.03	\$202.03	0			0%						,		F		
L8010	Mastectomy sleeve	\$109.42	\$109.42	0			0%						9		F		
L8015	Ext breastprosthesis garment	\$76.24	\$76.24	0		0%	0%								F		Υ
L8020	Mastectomy form	\$300.54	\$300.54	0	0%	0%	0%	9	9	9	9	9	9		F		



		DOLLAF	R VALUE					ODIFIERS									
HCPCS	4 D D D C W 4 T D D C O D D T O M	NON-FACILITY	FACILITY			INTRA OP						CSI	TSI	ENDO	<b>50</b> /		PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)							BASE	FSI	LIC REQ	AUTH
L8030	Breast prosthes w/o adhesive	\$393.56	\$393.56	0	0%	0%	0%								F		
L8031	Breast prosthesis w adhesive	\$393.56	\$393.56	0	0%	0%	0%		9	9	9	9	9	)	F		Υ
L8032	Reusable nipple prosthesis	\$49.83	\$49.83	0	0%	0%	0%			9			9		F		Υ
L8033	Nipple prosthesis custom, ea	Not Covered	Not Covered	0	0%	0%	0%	9		9	_		9		X		
L8035	Custom breast prosthesis	\$4,486.66	\$4,486.66	0	0%	0%	0%			9	_		9		F		Υ
L8039	Breast prosthesis nos	By Report	By Report	0	0%	0%	0%						9	)	N		Υ
L8040	Nasal prosthesis	\$3,061.81	\$3,061.81	0	0%	0%	0%	9	9	9	9	9	9	)	F		
L8041	Midfacial prosthesis	\$3,690.73	\$3,690.73	0	0%	0%	0%	9		9	U	•	9	)	F		
L8042	Orbital prosthesis	\$4,146.84	\$4,146.84	0	0%	0%	0%			9	_		9	)	F		
L8043	Upper facial prosthesis	\$4,644.46	\$4,644.46	0	0%	0%	0%				9	9	9	)	F		
L8044	Hemi-facial prosthesis	\$5,142.08	\$5,142.08	0	0%	0%	0%	9	9	9	9	9	9	)	F		
L8045	Auricular prosthesis	\$3,227.89	\$3,227.89	0	0%	0%	0%	9		9	Ū		9		F		
L8046	Partial facial prosthesis	\$3,317.45	\$3,317.45	0	0%	0%	0%								F		
L8047	Nasal septal prosthesis	\$1,700.19	\$1,700.19	0	0%	0%	0%	9	9	9	9	9	9		F		
L8048	Unspec maxillofacial prosth	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
L8049	Repair maxillofacial prosth	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	)	N		
L8300	Truss single w/ standard pad	\$130.74	\$130.74	0	0%	0%	0%		9	9	9	9	9		F		
L8310	Truss double w/ standard pad	\$183.13	\$183.13	0	0%	0%	0%	9	9	9	9	9	9		F		
L8320	Truss addition to std pad wa	\$69.73	\$69.73	0	0%	0%	0%	9	9	9	9	9	9		F		
L8330	Truss add to std pad scrotal	\$61.59	\$61.59	0	0%	0%	0%	9	9	9	9	9	9		F		
L8400	Sheath below knee	\$23.15	\$23.15	0	0%	0%	0%		9	9	9	9	9		F		
L8410	Sheath above knee	\$33.01	\$33.01	0	0%	0%	0%	9	9	9	9	9	9	)	F		
L8415	Sheath upper limb	\$33.88	\$33.88	0	0%	0%	0%	9	9	9	9	9	9		F		
L8417	Pros sheath/sock w gel cushn	\$92.10	\$92.10	0	0%	0%	0%	9	9	9	9	9	9		F		
L8420	Prosthetic sock multi ply bk	\$25.03	\$25.03	0	0%	0%	0%	9	9	9	9	9	9		F		
L8430	Prosthetic sock multi ply ak	\$28.58	\$28.58	0	0%	0%	0%	9	9	9	9	9	9	)	F		
L8435	Pros sock multi ply upper Im	\$34.98	\$34.98	0	0%	0%	0%	9	9	9	9	9	9		F		
L8440	Shrinker below knee	\$52.18	\$52.18	0	0%	0%	0%	9	9	9	9	9	9		F		
L8460	Shrinker above knee	\$108.88	\$108.88	0	0%	0%	0%		9	9	9	9	9		F		
L8465	Shrinker upper limb	\$60.85	\$60.85	0	0%	0%	0%	9	9	9	9	9	9		F		
L8470	Pros sock single ply bk	\$8.33	\$8.33	0	0%	0%	0%	9	9	9	9	9	9		F		
L8480	Pros sock single ply ak	\$15.31	\$15.31	0	0%	0%	0%	9	9	9	9	9	9		F		
L8485	Pros sock single ply upper I	\$17.95	\$17.95	0	0%	0%	0%	9					9		F		
L8499	Unlisted misc prosthetic ser	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
L8500	Artificial larynx	\$973.90	\$973.90	0	0%	0%	0%	9	9	9	9	9	9		F		
L8501	Tracheostomy speaking valve	\$150.70	\$150.70	0	0%	0%	0%	9	9	9	9	9	9		F		
L8505	Artificial larynx, accessory	By Report	By Report	0	0%	0%	0%		9				9		N		
L8507	Trach-esoph voice pros pt in	\$51.29	\$51.29	0	0%	0%	0%		9	9	9	9	9		F		
L8509	Trach-esoph voice pros md in	\$133.74	\$133.74	0	0%	0%	0%		9	9	9	9	9		F		
L8510	Voice amplifier	\$309.45	\$309.45	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	
L8511	Indwelling trach insert	\$89.08	\$89.08	0		0%	0%						9		F		
L8512	Gel cap for trach voice pros	\$2.65	\$2.65	0	0%	0%	0%	9	9	9	9	9	9		F		
L8513	Trach pros cleaning device	\$6.36	\$6.36	0	0%	0%	0%								F		
L8514	Repl trach puncture dilator	\$115.48	\$115.48	0	0%	0%	0%	9	9	9	9	9	9		F		



		DOLLAF	R VALUE				М	ODIFIERS									
HCPCS		NON-FACILITY	FACILITY			INTRA OP							TSI	ENDO			PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)	(26/TC)	(-51)	(-50)	(-80)	(-62)	(-66)	BASE	FSI	LIC REQ	AUTH
L8515	Gel cap app device for trach	\$77.29	\$77.29	0	0%	0%	0%	9	9	9	9	9	9		F		
L8600	Implant breast silicone/eq	\$909.76	\$909.76	0	0%	0%	0%	9	9	9	9	9	9		F	Y	
L8603	Collagen imp urinary 2.5 ml	\$549.51	\$549.51	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	
L8604	Dextranomer/hyaluronic acid	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
L8605	Inj bulking agent anal canal	\$877.14	\$877.14	0	0%	0%	0%	9			9	9	9		F		Y
L8606	Synthetic implnt urinary 1ml	\$278.65	\$278.65	0	0%	0%	0%	9		9	9	9	9		F	Y	
L8607	Inj vocal cord bulking agent	\$52.51	\$52.51	0	0%	0%	0%	9	9	9	9	9	9		F		
L8608	Arg ii ext com/sup/acc misc	Not Covered	Not Covered	0	0%	0%	0%	9			U		9		X		
L8609	Artificial cornea	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Х		
L8610	Ocular implant	\$827.56	\$827.56	0	0%	0%	0%	9	9	9	9	9	9		F	Y	
L8612	Aqueous shunt prosthesis	\$903.48	\$903.48	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	
L8613	Ossicular implant	\$375.49	\$375.49	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	
L8614	Cochlear device	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		В	Y	
L8615	Coch implant headset replace	\$552.34	\$552.34	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
L8616	Coch implant microphone repl	\$128.65	\$128.65	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
L8617	Coch implant trans coil repl	\$112.36	\$112.36	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
L8618	Coch implant tran cable repl	\$32.11	\$32.11	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
L8619	Coch imp ext proc/contr rplc	\$10,060.43	\$10,060.43	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
L8621	Repl zinc air battery	\$0.76	\$0.76	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
L8622	Repl alkaline battery	\$0.39	\$0.39	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
L8623	Lith ion batt cid,non-earlyl	\$79.21	\$79.21	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
L8624	Lith ion batt cid, ear level	\$197.50	\$197.50	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
L8625	Charger coch impl/aoi battry	\$231.28	\$231.28	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
L8627	Cid ext speech process repl	\$8,486.60	\$8,486.60	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
L8628	Cid ext controller repl	\$1,573.79	\$1,573.79	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
L8629	Cid transmit coil and cable	\$219.28	\$219.28	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
L8630	Metacarpophalangeal implant	\$420.28	\$420.28	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	
L8631	Mcp joint repl 2 pc or more	\$2,658.59	\$2,658.59	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	
L8641	Metatarsal joint implant	\$582.24	\$582.24	0	0%	0%	0%	9	9	9	9	9	9		F	Y	
L8642	Hallux implant	\$383.15	\$383.15	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	
L8658	Interphalangeal joint spacer	\$507.65	\$507.65	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	
L8659	Interphalangeal joint repl	\$2,363.18	\$2,363.18	0	0%	0%	0%	9	9	9	9	9	9		F	Υ	
L8670	Vascular graft, synthetic	\$694.43	\$694.43	0	0%	0%	0%	9	9	9	9	9	9		F	Y	
L8679	Imp neurosti pls gn any type	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Х		
L8680	Implt neurostim elctr each	\$852.86	\$852.86	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
L8681	Pt prgrm for implt neurostim	\$1,345.78	\$1,345.78	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
L8682	Implt neurostim radiofq rec	\$7,584.31	\$7,584.31	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
L8683	Radiofq trsmtr for implt neu	\$6,675.91	\$6,675.91	0	0%	0%	0%	9				9	9		F		Υ
L8684	Radiof trsmtr implt scrl neu	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
L8685	Implt nrostm pls gen sng rec	\$23,187.84	\$23,187.84	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
L8686	Implt nrostm pls gen sng non	\$20,790.13	\$20,790.13	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
L8687	Implt nrostm pls gen dua rec	\$48,513.90	\$48,513.90	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
L8688	Implt nrostm pls gen dua non	\$58,336.95	\$58,336.95	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
L8689	External recharg sys intern	\$2,112.44	\$2,112.44	0	0%	0%	0%	9	9	9	9	9	9		F		Υ



		DOLLAF	R VALUE					ODIFIERS									
HCPCS		NON-FACILITY	FACILITY			INTRA OP								ENDO			PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)	(26/TC)	(-51)	(-50)	(-80)	(-62)	(-66)	BASE	FSI	LIC REQ	AUTH
L8690	Aud osseo dev, int/ext comp	\$5,825.86	\$5,825.86	0	0%	0%	0%					_	9		F		Y
L8691	Aoi snd proc repl excl actua	\$2,109.00	\$2,109.00	0	0%	0%	0%	9			9	9	9		F		Υ
L8692	Non-osseointegrated snd proc	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
L8693	Aud osseo dev, abutment	Not Covered	Not Covered	0	0%	0%	0%	9		9	9		9		X		
L8694	Aoi transducer/actuator repl	\$1,156.51	\$1,156.51	0	0%	0%	0%	9			9	9	9		F		Y
L8695	External recharg sys extern	\$20.39	\$20.39	0	0%	0%	0%	9		9	9		9		F		Υ
L8696	Ext antenna phren nerve stim	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
L8698	Misc used with tot art heart	By Report	By Report	0	0%	0%	0%	9			9		9		N		Y-UR
L8699	Prosthetic implant nos	Bundled	Bundled	0	0%	0%	0%	9			9		9		В		
L8701	Pow ue rom dev ewh uprt cust	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
L8702	Pow ue rom dev ewhf uprt cus	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
L9900	O&p supply/accessory/service	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
M0075	Cellular therapy	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
M0076	Prolotherapy	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
M0100	Intragastric hypothermia	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
M0300	lv chelationtherapy	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
M0301	Fabric wrapping of aneurysm	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
M1003	Tb scr 12 mo pri fst bio dz	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
M1004	Doc med rsn no srn tb	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
M1005	Tb scr no perf	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
M1006	Dz not ases, no rsn	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
M1007	>=50% total pt outpt ra enct	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
M1008	<50% total pt outpt ra encts	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
M1009	Dc eoc doc med rec	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
M1010	Dc eoc doc med rec	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
M1011	Dc eoc doc med rec	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
M1012	Dc eoc doc med rec	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
M1013	Dc eoc doc med rec	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
M1014	Dc epi care doc medrec	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
M1015	Dc eoc doc med rec	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
M1016	Pt dx meop or sur steri	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
M1017	Pt admt to palitve serv	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
M1018	Pt dx hst cr pt sk lg cr scr	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
M1019	Adl pt mj dep ds rs 12 phq<5	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
M1020	Adl pt mj dep ds no rs 12 mo	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
M1021	Pt uc in pp	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
M1022	Pt hospice during perf pd	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
M1023	Adl pt mj dep ds rs 6 phq<5	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
M1024	Adl pt mj dep ds no rs 6 mo	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9		9		Χ		
M1025	Pt hospice during perf pd	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
M1026	Pt hospice during perf pd	Not Covered	Not Covered	0	0%	0%	0%				9	9	9		Χ		
M1027	Img head (ct or mri) obtnd	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
M1028	Doc of pt prm hda dx and otr	Not Covered	Not Covered	0	0%	0%	0%		9	9	9	9	9		Χ		
M1029	Doc sysm rsn img hd	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		



		DOLLAF	R VALUE					ODIFIERS									
HCPCS	45555W4755 55050570W	NON-FACILITY	FACILITY			INTRA OP						CSI	TSI	ENDO	<b>50</b> /		PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)							BASE	FSI	LIC REQ	AUTH
M1031	Pt clin ind img hd	Not Covered	Not Covered	0	0%	0%	0%								X		
M1032	Adt tkng pharmthry for oud	Not Covered	Not Covered	0	0%	0%	0%				4		9	)	X		
M1033	Pharmthry for oud afr 6.30	Not Covered	Not Covered	0	0%	0%	0%			9	9	9	9	)	X		
M1034	Adt 180 dys pharmthry oud	Not Covered	Not Covered	0	0%	0%	0%	9			_		9	)	X		
M1035	Adt pd out mat pr 180 dys tx	Not Covered	Not Covered	0	0%	0%	0%				_		9	)	X		
M1036	Adt no 180 dys pharmthry oud	Not Covered	Not Covered	0	0%	0%	0%						9	)	Χ		
M1037	Pt dx lum sp reg cacr	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
M1038	Pt dx lum sp reg fract	Not Covered	Not Covered	0	0%	0%	0%	9			U		9	)	X		
M1039	Pt dx lum sp reg inf	Not Covered	Not Covered	0	0%	0%	0%				9	9	9	)	X		
M1040	Pt dx lum idi or cong scol	Not Covered	Not Covered	0	0%	0%	0%			9	9	9	9	)	Χ		
M1041	Pt cr ft inf Im or pt id sl	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
M1043	Fs no odi 9-15mo	Not Covered	Not Covered	0	0%	0%	0%	9		9	Ū		9	1	X		
M1045	Fs oks 9-15mo = 37	Not Covered	Not Covered	0	0%	0%	0%						·		X		
M1046	Fs oks 9-15mo = 37	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
M1049	Fs wth scr no odi pre and p	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
M1051	Pt w/cancer scoliosis	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
M1052	Lg pn not meas w/ vas 1yr po	Not Covered	Not Covered	0	0%	0%	0%		9	9	9	9	9	)	Χ		
M1054	Pt uc in pp	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
M1055	Aspirin used	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
M1056	Presc antico med in pp	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
M1057	Aspirin not used, no rsn	Not Covered	Not Covered	0	0%	0%	0%		9	9	9	9	9	1	Χ		
M1058	Pt prm nurs hm res in pp	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
M1059	Pt no prm nurs hm res in pp	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
M1060	Pt died in pp	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
M1061	Pt preg	Not Covered	Not Covered	0	0%	0%	0%		9	9	9	9	9	)	Χ		
M1062	Pt imcomprmd	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
M1063	Pt rec hg dos imsup thpy	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
M1064	Shing vac doc adm or pv rec	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
M1065	Shing vac no adm clinc rsn	Not Covered	Not Covered	0	0%	0%	0%		9	9	9	9	9	)	Χ		
M1066	Shing vac no doc no rsn	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
M1067	Hspc pt prv time meam per	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
M1068	Pt not ambulatory	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
M1069	Pt scr ft fall rsk	Not Covered	Not Covered	0	0%	0%	0%	9					9	)	Χ		
M1070	Pt not scrn fut fall no rsn	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
M1071	Pt had add'l sp pcr perf	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
M1106	Start eoc doc med rec	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
M1107	Docu dx degen neuro	Not Covered	Not Covered	0	0%	0%	0%		9	9	9	9	9	)	Χ		
M1108	Oc ni pt 1-2 vis	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
M1109	Oc ni pt dc 1-2 vis	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
M1110	Oc ni pt selfdc 1-2 vis	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
M1111	Start eoc doc med rec	Not Covered	Not Covered	0	0%	0%	0%	9			9	9	9	)	Χ		
M1112	Docu dx degen neuro	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
M1113	Oc ni pt 1-2 vis	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
M1114	Oc ni pt dc 1-2 vis	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		



		DOLLAF	R VALUE					ODIFIER									
HCPCS		NON-FACILITY	FACILITY			INTRA OP							TSI	ENDO			PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)		_				(-66)	BASE	FSI	LIC REQ	AUTH
M1115	Oc ni pt selfdc 1-2 vis	Not Covered	Not Covered	0		0%	0%						_		Χ		
M1116	Start eoc doc med rec	Not Covered	Not Covered	0			0%			9	9	9	9	)	Χ		
M1117	Docu dx degen neuro	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
M1118	Oc ni pt 1-2 vis	Not Covered	Not Covered	0	0%	0%	0%			9	9	9	9	)	X		
M1119	Oc ni pt dc 1-2 vis	Not Covered	Not Covered	0	0%	0%	0%				9	9	9	)	Χ		<u> </u>
M1120	Oc ni pt selfdc 1-2 vis	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
M1121	Start eoc doc med rec	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
M1122	Docu dx degen neuro	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
M1123	Oc ni pt 1-2 vis	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
M1124	Oc ni pt dc 1-2 vis	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
M1125	Oc ni pt selfdc 1-2 vis	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
M1126	Start eoc doc med rec	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
M1127	Docu dx degen neuro	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
M1128	Oc ni pt 1-2 vis	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
M1129	Oc ni pt dc 1-2 vis	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
M1130	Oc ni pt self dc 1-2 vis	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
M1131	Docu dx degen neuro	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
M1132	Oc ni pt 1-2 vis	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
M1133	Oc ni pt dc 1-2 vis	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
M1134	Oc ni pt self dc 1-2 vis	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
M1135	Start eoc doc med rec	Not Covered	Not Covered	0		0%	0%			9	9	9	9	)	X		
M1136	Start eoc doc med rec	Not Covered	Not Covered	0		0%	0%						9		Χ		
M1137	Docu dx degen neuro	Not Covered	Not Covered	0	0%	0%	0%	9					9	)	X		
M1138	Oc ni pt 1-2 vis	Not Covered	Not Covered	0	0%	0%	0%	9			9	9	9	)	X		
M1139	Oc ni pt self dc 1-2 vis	Not Covered	Not Covered	0		0%	0%	9	9	9	9	9	9	)	Χ		
M1140	Oc ni pt dc 1-2 vis	Not Covered	Not Covered	0	0%	0%	0%					_	9		X		
M1141	Fs no oks	Not Covered	Not Covered	0	0%	0%	0%						9	)	X		
M1142	Emerge cases	Not Covered	Not Covered	0	0%	0%	0%						9	)	X		
M1143	Ni rehab med chiro	Not Covered	Not Covered	0		0%	0%						9	)	X		
M1144	Oc no ind pt 1-2 vis	Not Covered	Not Covered	0		0%	0%						9		X		
P2028	Cephalin floculation test	\$7.08	\$7.08	0	0%	0%	0%	9			_		_		L		
P2029	Congo red blood test	\$7.08	\$7.08	0	0%	0%	0%							)	L		
P2031	Hair analysis	Not Covered	Not Covered	0			0%				_				X		
P2033	Blood thymol turbidity	\$7.08	\$7.08	0			0%						_		I		
P2038	Blood mucoprotein	\$7.08	\$7.08	0	0%	0%	0%				_				I		
P3000	Screen pap by tech w md supv	\$21.62	\$21.62	0	0%	0%	0%										
P3001	Screening pap smear by phys	\$49.20	\$49.20	0			0%		_		_				R		
P7001	Culture bacterial urine	Not Covered	Not Covered	0			0%		•				<u> </u>	+	X		1
P9010	Whole blood for transfusion	By Report	By Report	0	0%	0%	0%				_				N		
P9011	Blood split unit	By Report	By Report	0	0%	0%	0%		_				Ť		N		
P9012	Cryoprecipitate each unit	By Report	By Report	0			0%		_				_		N		
P9012	Rbc leukocytes reduced	By Report	By Report	0			0%						<u> </u>		N		<del> </del>
P9017	Plasma 1 donor frz w/in 8 hr	By Report	By Report	0	0%	0%	0%								N		
P9017	Platelets, each unit			0	0%	0%	0%				+		_		N		
1 30 13	rialeiels, each dill	By Report	By Report	U	U-76	0%	0%	9	9	9	9	9	9	<b>'</b>	IN		



		DOLLAF	R VALUE					ODIFIERS									
HCPCS CODE	ABBREVIATED DESCRIPTION	NON-FACILITY SETTING	FACILITY SETTING	FOL UP	PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	<i>PCTC</i> (26/TC)					TSI (-66)	ENDO BASE	FSI	LIC REQ	PRIOR AUTH
P9020	Plaelet rich plasma unit	By Report	By Report	0		0%	0%						1		N		710111
P9021	Red blood cells unit	By Report	By Report	0	0%	0%	0%						_		N		
P9022	Washed red blood cells unit	By Report	By Report	0	0%	0%	0%	9			_		9		N		
P9023	Frozen plasma, pooled, sd	By Report	By Report	0	0%	0%	0%	9					_		N		
P9031	Platelets leukocytes reduced	By Report	By Report	0	0%	0%	0%				1		_		N		
P9032	Platelets, irradiated	By Report	By Report	0	0%	0%	0%						_		N		
P9033	Platelets leukoreduced irrad	By Report	By Report	0	0%	0%	0%	9					a		N		
P9034	Platelets, pheresis	By Report	By Report	0	0%	0%	0%	9	9		_		9		N		
P9035	Platelet pheres leukoreduced	By Report	By Report	0	0%	0%	0%	_	_	_			9		N		
P9036	Platelet pheresis irradiated	By Report	By Report	0	0%	0%	0%						_		N		
P9037	Plate pheres leukoredu irrad	By Report	By Report	0	0%	0%	0%	9			_		9		N		
P9038	Rbc irradiated		By Report	0	0%	0%	0%	9					_		N		
P9038	Rbc irradiated  Rbc deglycerolized	By Report		0	0%	0%	0% 0%				1		U		N		
P9039 P9040	Rbc deglycerolized  Rbc leukoreduced irradiated	By Report	By Report By Report	0	0%	0%	0%						Ŭ		N		<del>                                     </del>
P9040 P9041		By Report \$10.49	\$10.49	0	0%	0%	0%	9							D		
	Albumin (human),5%, 50ml	·	·	0				9			9		9				
P9043	Plasma protein fract,5%,50ml	By Report	By Report	0	0%	0%	0%	Ü	Ů	Ū	J	•	9		N N		
P9044	Cryoprecipitatereducedplasma	By Report	By Report	0	0%	0%	0%						Ŭ		N		
P9045	Albumin (human), 5%, 250 ml	\$52.45	\$52.45	0	0%	0%	0%				_		, i		D		
P9046	Albumin (human), 25%, 20 ml	\$20.98	\$20.98	0	0%	0%	0%	9			Ŭ		9		D		
P9047	Albumin (human), 25%, 50ml	\$52.45	\$52.45	0	0%	0%	0%	9			Ū		U		D		
P9048	Plasmaprotein fract,5%,250ml	\$0.23	\$0.23	0	0%	0%	0%								D		
P9050	Granulocytes, pheresis unit	By Report	By Report	0	0%	0%	0%								N		
P9051	Blood, I/r, cmv-neg	By Report	By Report	0	0%	0%	0%	9			_		_		N		
P9052	Platelets, hla-m, l/r, unit	By Report	By Report	0	0%	0%	0%	9			O		9		N		
P9053	Plt, pher, l/r cmv-neg, irr	By Report	By Report	0	0%	0%	0%								N		
P9054	Blood, l/r, froz/degly/wash	By Report	By Report	0	0%	0%	0%						_		N		
P9055	Plt, aph/pher, I/r, cmv-neg	By Report	By Report	0	0%	0%	0%	9			Ū		9		N		
P9056	Blood, I/r, irradiated	By Report	By Report	0	0%	0%	0%	9			Ū		9		N		
P9057	Rbc, frz/deg/wsh, l/r, irrad	By Report	By Report	0	0%	0%	0%				_		Ĭ		N		
P9058	Rbc, I/r, cmv-neg, irrad	By Report	By Report	0	0%	0%	0%			9			9		N		
P9059	Plasma, frz between 8-24hour	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
P9060	Fr frz plasma donor retested	By Report	By Report	0	0%	0%	0%	9		_	U		9		N		
P9070	Pathogen reduced plasma pool	By Report	By Report	0			0%						9		N		
P9071	Pathogen reduced plasma sing	By Report	By Report	0		0%	0%	9	9	9	9	9	9		N		
P9073	Platelets pheresis path redu	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
P9099	Blood component/product noc	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
P9100	Pathogen test for platelets	By Report	By Report	0	0,7		0%						9		N		
P9603	One-way allow prorated miles	\$1.08	\$1.08	0	0%	0%	0%	9	9	9	9	9	9		F		
P9604	One-way allow prorated trip	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
P9612	Catheterize for urine spec	\$4.29	\$4.29	0	0%	0%	0%		9	9			9		L		
P9615	Urine specimen collect mult	\$4.29	\$4.29	0	0%	0%	0%	9	9	9	9	9	9		L		
Q0035	Cardiokymography	Not Covered	Not Covered	0			0%		0				_		Χ		
Q0035	Cardiokymography	Not Covered	Not Covered	0	0%	0%	0%		0				0		X		
Q0035	Cardiokymography	Not Covered	Not Covered	0		0%	0%		0						X		



		DOLLAI	R VALUE				МС	ODIFIERS									
HCPCS	455551114555555555	NON-FACILITY	FACILITY			INTRA OP							TSI	ENDO			PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)	(26/TC)				_	(-66)		FSI	LIC REQ	AUTH
Q0081	Infusion ther other than che	Facility Only	Facility Only	0	0%	0%	0%	9	9				Ŭ		0		
Q0083	Chemo by other than infusion	Facility Only	Facility Only	0	0%	0%	0%	9	9		9	_	9		0		
Q0084	Chemotherapy by infusion	Facility Only	Facility Only	0	0%	0%	0%	9	9		9		9		0		
Q0085	Chemo by both infusion and o	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9		9		0		
Q0091	Obtaining screen pap smear	\$81.57	\$35.61	0	0%	0%	0%	0	0		0		0		R		
Q0092	Set up port xray equipment	\$45.32	\$45.32	0	0%	0%	0%	3	0		0		0		R		
Q0111	Wet mounts/ w preparations	\$21.62	\$21.62	0	0%	0%	0%	9	9		9		9		L		
Q0112	Potassium hydroxide preps	\$8.33	\$8.33	0	0%	0%	0%	9	9	9	9		9		L		
Q0113	Pinworm examinations	\$6.10	\$6.10	0	0%	0%	0%	9	9	9	9		9		L		
Q0114	Fern test	\$13.92	\$13.92	0	0% 0%	0% 0%	0% 0%	9	9		9		9		L		
Q0115	Post-coital mucous exam	\$35.74	\$35.74	0					9		9		Ū		D		V
Q0138	Ferumoxytol, non-esrd	\$1.06 \$1.06	\$1.06 \$1.06	0	0%	0% 0%	0% 0%	9	9		9		9		D D		Y
Q0139 Q0144	Ferumoxytol, esrd use Azithromycin dihydrate, oral	Not Covered	Not Covered	0	0% 0%	0% 0%	0%	9	9		9		9		X		ĭ
Q0144 Q0161	Chlorpromazine hcl 5mg oral	\$1.20	\$1.20	0	0% 0%	0% 0%	0%	9	9	9			9		A D		
Q0161 Q0162	Ondansetron oral	\$0.06	\$0.06	0	0%	0%	0%	9	9	)	9		9		D D		
Q0162 Q0163	Diphenhydramine hcl 50mg	\$0.06	\$0.06	0	0%	0%	0%	9	9		9		9		D D		
Q0163 Q0164	· · · · · ·	·	\$0.27	0	0%	0%	0%	9	9		9		9		D D		
Q0164 Q0166	Prochlorperazine maleate 5mg  Granisetron hcl 1 mg oral	\$0.23 \$1.04	\$1.04	0	0% 0%	0% 0%	0%	9	9	9	9	_	9		D D		
Q0166 Q0167	Dronabinol 2.5mg oral	\$0.88	\$0.88	0	0%	0%	0%	9	9	9	9		9		D		
Q0167 Q0169	Promethazine hcl 12.5mg oral	\$0.02	\$0.02	0	0%	0%	0%	9	9	)	9		9		D		
Q0109 Q0173	Trimethobenzamide hcl 250mg	\$0.02	\$0.02	0	0%	0%	0%	9	9		9		9		D		
Q0173 Q0174	Thiethoberizamide not 250mg  Thiethylperazine maleate10mg	Not Covered	Not Covered	0	0%	0%	0%	9	9		9		9		X		
Q0174 Q0175	Perphenazine 4mg oral	\$0.02	\$0.02	0	0%	0%	0%	9	9	9	9		9		D		
Q0173 Q0177	Hydroxyzine pamoate 25mg	\$0.29	\$0.29	0	0%	0%	0%	9	9	9	9		9		D		
Q0177 Q0180	Dolasetron mesylate oral	\$114.61	\$114.61	0	0%	0%	0%	9	9		9		_		D		
Q0181	Unspecified oral anti-emetic	By Report	By Report	0	0%	0%	0%	9	9						N		
Q0477	Pwr module pt cable Ivad rpl	\$103.35	\$103.35	0	0%	0%	0%	9	9		9		9		F		
Q0478	Power adapter, combo vad	Not Covered	Not Covered	0	0%	0%	0%	-	9	,	9	,	9		X		
Q0479	Power module combo vad, rep	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9		9		X		
Q0480	Driver pneumatic vad, rep	Not Covered	Not Covered	0	0%	0%	0%	9	9		9		9		X		
Q0481	Micropresr cu elec vad, rep	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9		9		X		
Q0482	Micropresr cu combo vad, rep	Not Covered	Not Covered	0			0%	-	9	9		_	9		X		
Q0483	Monitor elec vad, rep	Not Covered	Not Covered	0		0%	0%		9						X		
Q0484	Monitor elec or comb vad rep	Not Covered	Not Covered	0	0%	0%	0%	9	9				_		X		
Q0485	Monitor cable elec vad, rep	Not Covered	Not Covered	0	0%	0%	0%	9	9				9		X		
Q0486	Mon cable elec/pneum vad rep	Not Covered	Not Covered	0		0%	0%	9	9	9	9	9	9		X		
Q0487	Leads any type vad, rep only	Not Covered	Not Covered	0		0%	0%		9						X		
Q0488	Pwr pack base elec vad, rep	Not Covered	Not Covered	0	0%	0%	0%		9				9		X		
Q0489	Pwr pck base combo vad, rep	Not Covered	Not Covered	0	0%	0%	0%		9	9			9		X		
Q0490	Emr pwr source elec vad, rep	Not Covered	Not Covered	0	0%	0%	0%		9	9			9		X		
Q0491	Emr pwr source combo vad rep	Not Covered	Not Covered	0		0%	0%		9				9		X		
Q0492	Emr pwr cbl elec vad, rep	Not Covered	Not Covered	0	0%	0%	0%	9	9				9		X		
Q0493	Emr pwr cbl combo vad, rep	Not Covered	Not Covered	0	0%	0%	0%		9	9	9	9	9		X		



		DOLLAR	VALUE					ODIFIERS									
HCPCS		NON-FACILITY	FACILITY			INTRA OP								ENDO			PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	. ,	(-54)	(-55)	(26/TC)	(-51)	(-50)	(-80)	(-62)	(-66)	BASE	FSI	LIC REQ	AUTH
Q0494	Emr hd pmp elec/combo, rep	Not Covered	Not Covered	0		0%	0%					9	Ū		X		
Q0495	Charger elec/combo vad, rep	Not Covered	Not Covered	0	0.0	0%	0%					9	Ŭ		X		
Q0496	Battery elec/combo vad, rep	Not Covered	Not Covered	0	0%	0%	0%	9	9		9	9	9		X		
Q0497	Bat clps elec/comb vad, rep	Not Covered	Not Covered	0	0%	0%	0%	9	9		9	9	9		X		
Q0498	Holster elec/combo vad, rep	Not Covered	Not Covered	0	• , ,	0%	0%					9	9		X		
Q0499	Belt/vest elec/combo vad rep	Not Covered	Not Covered	0		0%	0%					9	9		Χ		
Q0500	Filters elec/combo vad, rep	Not Covered	Not Covered	0	0%	0%	0%	9	9		9	9	9		X		
Q0501	Shwr cov elec/combo vad, rep	Not Covered	Not Covered	0	0 70	0%	0%	9			9	9	9		X		
Q0502	Mobility cart pneum vad, rep	Not Covered	Not Covered	0	- , ,	0%	0%					9	•		X		
Q0503	Battery pneum vad replacemnt	Not Covered	Not Covered	0		0%	0%				9	9	9		Χ		
Q0504	Pwr adpt pneum vad, rep veh	Not Covered	Not Covered	0	0%	0%	0%	9	9		9	9	9		X		
Q0506	Lith-ion batt elec/pneum vad	Not Covered	Not Covered	0	0%	0%	0%	9	9		9	9	9		X		
Q0507	Misc sup/acc ext vad	Not Covered	Not Covered	0	0,0	0%	0%				9	9	9		X		
Q0508	Mis sup/acc imp vad	Not Covered	Not Covered	0	0,0	0%	0%				9	9	9		Χ		
Q0509	Mis sup/ac imp vad nopay med	Not Covered	Not Covered	0	0%	0%	0%	9	9		9	9	9		X		
Q0510	Dispens fee immunosupressive	Not Covered	Not Covered	0	0%	0%	0%	9	9		9	9	9		X		
Q0511	Sup fee antiem,antica,immuno	Not Covered	Not Covered	0		0%	0%	9				9	9		Χ		
Q0512	Px sup fee anti-can sub pres	Not Covered	Not Covered	0		0%	0%	9			9	9	9		Χ		
Q0513	Disp fee inhal drugs/30 days	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
Q0514	Disp fee inhal drugs/90 days	Not Covered	Not Covered	0	0%	0%	0%	9	9		9	9	9		X		
Q0515	Sermorelin acetate injection	Not Covered	Not Covered	0	0,0	0%	0%		9	9	9	9	9		Χ		
Q1004	Ntiol category 4	By Report	By Report	0	0,0	0%	0%	9	9	9	9	9	9		Ν		
Q1005	Ntiol category 5	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		Ν		
Q2004	Bladder calculi irrig sol	\$38.48	\$38.48	0	0%	0%	0%	9	9		9	9	9		F		
Q2009	Fosphenytoin inj pe	\$0.36	\$0.36	0	0%	0%	0%				9	9	•		D		
Q2017	Teniposide, 50 mg	\$107.83	\$107.83	0	0%	0%	0%	9	9	9	9	9	9		D		
Q2028	Inj, sculptra, 0.5mg	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
Q2034	Agriflu vaccine	Not Covered	Not Covered	0	0%	0%	0%	9	9		9	9	9		X		
Q2035	Afluria vacc, 3 yrs & >, im	Not Covered	Not Covered	0	- 7	0%	0%				9	9	-		X		
Q2036	Flulaval vacc, 3 yrs & >, im	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
Q2037	Fluvirin vacc, 3 yrs & >, im	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
Q2038	Fluzone vacc, 3 yrs & >, im	Not Covered	Not Covered	0	0%	0%	0%	9	9		9	9	9		X		
Q2039	Influenza virus vaccine, nos	Not Covered	Not Covered	0			0%								X		
Q2041	Axicabtagene ciloleucel car+	Not Covered	Not Covered	0			0%	9			9	9	9		Χ		
Q2043	Sipuleucel-t auto cd54+	Not Covered	Not Covered	0		0%	0%	9				9	9		X		
Q2049	Imported lipodox inj	\$575.60	\$575.60	0		0%	0%	9				9	9		D		Υ
Q2050	Doxorubicin inj 10mg	\$317.70	\$317.70	0		0%	0%					9	·		D		Υ
Q2052	lvig demo, services/supplies	Not Covered	Not Covered	0		0%	0%				9	9	9		X		
Q3001	Brachytherapy radioelements	By Report	By Report	0	0%	0%	0%		0		0	0	0		N		
Q3014	Telehealth facility fee	\$38.23	\$38.23	0		0%	0%	9				9	9		F		
	Inj beta interferon im 1 mcg	Not Covered	Not Covered	0		0%	0%					9	•		Χ		
Q3028	Inj beta interferon sq 1 mcg	Not Covered	Not Covered	0			0%					9	9		X		
Q3031	Collagen skin test	By Report	By Report	0		0%	0%					9	9		N		
Q4001	Cast sup body cast plaster	\$51.22	\$51.22	0	0%	0%	0%	9	9	9	9	9	9		F		



		DOLLAR	R VALUE					ODIFIERS									
HCPCS		NON-FACILITY	FACILITY			INTRA OP							TSI	ENDO			PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)	(26/TC)	(-51)	(-50)	(-80)	(-62)	(-66)	BASE	FSI	LIC REQ	AUTH
Q4002	Cast sup body cast fiberglas	\$193.52	\$193.52	0	0%	0%	0%		9	9	9	9	9		F		
Q4003	Cast sup shoulder cast plstr	\$36.77	\$36.77	0	0%	0%	0%	9	9	9	9	9	9		F		
Q4004	Cast sup shoulder cast fbrgl	\$127.31	\$127.31	0	0%	0%	0%	9	9	9	9	9	9		F		
Q4005	Cast sup long arm adult plst	\$13.56	\$13.56	0	0%	0%	0%	9	9	9	9	9	9		F		
Q4006	Cast sup long arm adult fbrg	\$30.55	\$30.55	0	0%	0%	0%				9	9	9		F		
Q4007	Cast sup long arm ped plster	Not Covered	Not Covered	0	0%	0%	0%			9	9	9	9		X		
Q4008	Cast sup long arm ped fbrgls	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
Q4009	Cast sup sht arm adult plstr	\$9.06	\$9.06	0	0%	0%	0%	9			Ū		9		F		
Q4010	Cast sup sht arm adult fbrgl	\$20.38	\$20.38	0	0%	0%	0%						9		F		
Q4011	Cast sup sht arm ped plaster	Not Covered	Not Covered	0	0%	0%	0%			9	9	9	9		Χ		
Q4012	Cast sup sht arm ped fbrglas	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
Q4013	Cast sup gauntlet plaster	\$16.48	\$16.48	0	0%	0%	0%	9			Ū		9		F		
Q4014	Cast sup gauntlet fiberglass	\$27.79	\$27.79	0	0%	0%	0%				_		9		F		
Q4015	Cast sup gauntlet ped plster	Not Covered	Not Covered	0	0%	0%	0%			9			9		Χ		
Q4016	Cast sup gauntlet ped fbrgls	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
Q4017	Cast sup Ing arm splint plst	\$9.52	\$9.52	0	0%	0%	0%	9			9		9		F		
Q4018	Cast sup Ing arm splint fbrg	\$15.19	\$15.19	0	0%	0%	0%				_		9		F		
Q4019	Cast sup lng arm splnt ped p	Not Covered	Not Covered	0	0%	0%	0%				_		9		Χ		
Q4020	Cast sup Ing arm splnt ped f	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
Q4021	Cast sup sht arm splint plst	\$7.05	\$7.05	0	0%	0%	0%	9			9		9		F		
Q4022	Cast sup sht arm splint fbrg	\$12.72	\$12.72	0	0%	0%	0%				·		9		F		
Q4023	Cast sup sht arm splnt ped p	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
Q4024	Cast sup sht arm splnt ped f	Not Covered	Not Covered	0	0%	0%	0%	9		9	9		9		X		
Q4025	Cast sup hip spica plaster	\$39.53	\$39.53	0	0%	0%	0%	9			9		9		F		
Q4026	Cast sup hip spica fiberglas	\$123.45	\$123.45	0	0%	0%	0%				_		9		F		
Q4027	Cast sup hip spica ped plstr	Not Covered	Not Covered	0	0%	0%	0%				_		9		X		
Q4028	Cast sup hip spica ped fbrgl	Not Covered	Not Covered	0	0%	0%	0%						9		X		
Q4029	Cast sup long leg plaster	\$30.24	\$30.24	0	0%	0%	0%	9			Ū		9		F		
Q4030	Cast sup long leg fiberglass	\$79.60	\$79.60	0	0%	0%	0%								F		
Q4031	Cast sup Ing leg ped plaster	Not Covered	Not Covered	0	0%	0%	0%			9	9	9	9		Χ		
Q4032	Cast sup Ing leg ped fbrgls	Not Covered	Not Covered	0	0%	0%	0%	9	_		Ŭ	·	9		X		
Q4033	Cast sup Ing leg cylinder pl	\$28.21	\$28.21	0	0%	0%	0%	9	,	_	U		9		F		
Q4034	Cast sup Ing leg cylinder fb	\$70.13	\$70.13		0%	0%	0%								F		
Q4035	Cast sup Ingleg cylndr ped p	Not Covered	Not Covered	0	0%	0%	0%								Χ		
Q4036	Cast sup Ingleg cylndr ped f	Not Covered	Not Covered	0	0%	0%	0%								X		
Q4037	Cast sup shrt leg plaster	\$17.19	\$17.19	0	0%	0%	0%						9		F		
Q4038	Cast sup shrt leg fiberglass	\$43.09	\$43.09	0	0%	0%	0%								F		
Q4039	Cast sup shrt leg ped plster	Not Covered	Not Covered	0	0%	0%	0%								Х		
Q4040	Cast sup shrt leg ped fbrgls	Not Covered	Not Covered	0	0%	0%	0%								X		
Q4041	Cast sup Ing leg spint pistr	\$20.92	\$20.92	0	0%	0%	0%								F		
Q4042	Cast sup Ing leg spint fbrgi	\$35.71	\$35.71	0	0%	0%	0%								F		4
Q4043	Cast sup Ing leg splnt ped p	Not Covered	Not Covered	0	0%	0%	0%								Х		
Q4044	Cast sup Ing leg spint ped f	Not Covered	Not Covered	0	0%	0%	0%								X		
Q4045	Cast sup sht leg splnt plstr	\$12.15	\$12.15	0	0%	0%	0%	9	9	9	9	9	9		F		



		DOLLAF	R VALUE				М	ODIFIERS	3								
HCPCS	455551//4TES 550515TON	NON-FACILITY	FACILITY			INTRA OP						CSI	_	ENDO	<b>50</b> /		PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)	(26/TC)				_			FSI	LIC REQ	AUTH
Q4046	Cast sup sht leg splnt fbrgl	\$19.53	\$19.53	0		0%	0%				_		Ŭ		F		
Q4047	Cast sup sht leg splnt ped p	Not Covered	Not Covered	0	0%	0%	0%			9	Ŭ	_	9		X		
Q4048	Cast sup sht leg splnt ped f	Not Covered	Not Covered	0	0%	0%	0%	9			Ū		9		X		
Q4049	Finger splint, static	\$2.20	\$2.20	0	0%	0%	0%	9			Ū		9		F		
Q4050	Cast supplies unlisted	By Report	By Report	0	0%	0%	0%				_		9		Ν		
Q4051	Splint supplies misc	By Report	By Report	0	0%	0%	0%			9		_	9		Z		
Q4074	Iloprost non-comp unit dose	Not Covered	Not Covered	0	0%	0%	0%	9		9	_		9		X		
Q4081	Epoetin alfa, 100 units esrd	\$0.97	\$0.97	0	0%	0%	0%	9	9	9	J		9		D		
Q4082	Drug/bio noc part b drug cap	Not Covered	Not Covered	0	0%	0%	0%				_		9		X		
Q4100	Skin substitute, nos	By Report	By Report	0	0%	0%	0%	9			_		9		N		
Q4101	Apligraf	\$30.47	\$30.47	0	0%	0%	0%	9	9	9	9	9	9		D		
Q4102	Oasis wound matrix	\$10.79	\$10.79	0	0%	0%	0%	9		9	Ū		9		D		
Q4103	Oasis burn matrix	\$7.50	\$7.50	0	0%	0%	0%			9	_		9		D		
Q4104	Integra bmwd	\$25.56	\$25.56	0	0%	0%	0%	9			9	9	9		D		
Q4105	Integra drt or omnigraft	\$17.59	\$17.59	0	0%	0%	0%	9	9	9	9	9	9		D		
Q4106	Dermagraft	\$32.27	\$32.27	0	0%	0%	0%	9	9	9	9	9	9		D		
Q4107	Graftjacket	\$95.43	\$95.43	0	0%	0%	0%	9	9	9	9	9	9		D		
Q4108	Integra matrix	\$30.20	\$30.20	0	0%	0%	0%	9	9	9	9	9	9		D		
Q4110	Primatrix	\$43.34	\$43.34	0	0%	0%	0%	9	9	9	9	9	9		D		
Q4111	Gammagraft	\$7.00	\$7.00	0	0%	0%	0%	9	9	9	9	9	9		D		
Q4112	Cymetra injectable	\$192.08	\$192.08	0	0%	0%	0%	9	9	9	9	9	9		D		
Q4113	Graftjacket xpress	\$192.08	\$192.08	0	0%	0%	0%	9	9	9	9	9	9		D		
Q4114	Integra flowable wound matri	\$1,344.52	\$1,344.52	0	0%	0%	0%	9	9	9	9	9	9		D		
Q4115	Alloskin	\$9.46	\$9.46	0	0%	0%	0%	9	9	9	9	9	9		D		
Q4116	Alloderm	\$31.11	\$31.11	0	0%	0%	0%	9	9	9	9	9	9		D		
Q4117	Hyalomatrix	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
Q4118	Matristem micromatrix	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
Q4121	Theraskin	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
Q4122	Dermacell, awm, porous sq cm	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
Q4123	Alloskin	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
Q4124	Oasis tri-layer wound matrix	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
Q4125	Arthroflex	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
Q4126	Memoderm/derma/tranz/integup	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
Q4127	Talymed	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
Q4128	Flexhd/allopatchhd/matrixhd	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
Q4130	Strattice tm	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
Q4132	Grafix core, grafixpl core	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
Q4133	Grafix stravix prime pl sqcm	Not Covered	Not Covered	0	0%	0%	0%	9			9	9	9		X		
Q4134	Hmatrix	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
Q4135	Mediskin	Not Covered	Not Covered	0	0%	0%	0%		9	9	9	9	9		X		
Q4136	Ezderm	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
Q4137	Amnioexcel biodexcel 1sq cm	Not Covered	Not Covered	0	0%	0%	0%						9		X		
Q4138	Biodfence dryflex, 1cm	Not Covered	Not Covered	0	0%	0%	0%	9					9		X		
Q4139	Amnio or biodmatrix, inj 1cc	Not Covered	Not Covered	0	0%	0%	0%						9		Χ		



		DOLLAI	R VALUE				МС	ODIFIERS									
HCPCS		NON-FACILITY	FACILITY			INTRA OP								ENDO			PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)	(26/TC)	(-51)	(-50)	(-80)	(-62)	(-66)	BASE	FSI	LIC REQ	AUTH
Q4140	Biodfence 1cm	Not Covered	Not Covered	0		0%	0%	9	9				_		X		
Q4141	Alloskin ac, 1 cm	Not Covered	Not Covered	0		0%	0%	9	9		9		9		Χ		
Q4142	Xcm biologic tiss matrix 1cm	Not Covered	Not Covered	0	0%	0%	0%	9	9		9		9		X		
Q4143	Repriza, 1cm	Not Covered	Not Covered	0	0%	0%	0%	9	9		9		9		X		
Q4145	Epifix, inj, 1mg	Not Covered	Not Covered	0		0%	0%	9	9		9		_		Χ		
Q4146	Tensix, 1cm	Not Covered	Not Covered	0		0%	0%	9	9	9	9	9	9		Χ		
Q4147	Architect ecm px fx 1 sq cm	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
Q4148	Neox neox rt or clarix cord	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
Q4149	Excellagen, 0.1 cc	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
Q4150	Allowrap ds or dry 1 sq cm	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
Q4151	Amnioband, guardian 1 sq cm	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
Q4152	Dermapure 1 square cm	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
Q4153	Dermavest, plurivest sq cm	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
Q4154	Biovance 1 square cm	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
Q4155	Neoxflo or clarixflo 1 mg	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
Q4156	Neox 100 or clarix 100	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
Q4157	Revitalon 1 square cm	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
Q4158	Kerecis omega3, per sq cm	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
Q4159	Affinity1 square cm	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	_	9		X		
Q4160	Nushield 1 square cm	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
Q4161	Bio-connekt per square cm	Not Covered	Not Covered	0		0%	0%	9	9	9	9		9		X		
Q4162	Wndex flw, bioskn flw, 0.5cc	Not Covered	Not Covered	0		0%	0%	9	9		9		9		Χ		
Q4163	Woundex, bioskin, per sq cm	Not Covered	Not Covered	0	0%	0%	0%	9	9		9		9		Χ		
Q4164	Helicoll, per square cm	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
Q4165	Keramatrix, kerasorb sq cm	Not Covered	Not Covered	0		0%	0%	9	9	9	9		9		X		
Q4166	Cytal, per square centimeter	Not Covered	Not Covered	0		0%	0%	9	9		9		9		X		
Q4167	Truskin, per sq centimeter	Not Covered	Not Covered	0	0%	0%	0%	9	9						X		
Q4168	Amnioband, 1 mg	Not Covered	Not Covered	0	0%	0%	0%	9	9		9		9		X		
Q4169	Artacent wound, per sq cm	Not Covered	Not Covered	0		0%	0%	-	9	,		,	9		X		
Q4170	Cygnus, per sq cm	Not Covered	Not Covered	0		0%	0%		9		9		9		X		
Q4171	Interfyl, 1 mg	Not Covered	Not Covered	0	0%	0%	0%	9	9		9		9		X		
Q4173	Palingen or palingen xplus	Not Covered	Not Covered	0	0%	0%	0%	9	9		9		9		X		
Q4174	Palingen or promatrx	Not Covered	Not Covered	0			0%		9		-	_	_		X		
Q4175	Miroderm	Not Covered	Not Covered	0		0%	0%		9						X		<del>                                     </del>
Q4176	Neopatch, per sq centimeter	Not Covered	Not Covered	0		0%	0%	9	9				_		X		
Q4177	Floweramnioflo, 0.1 cc	Not Covered	Not Covered	0	0%	0%	0%	9	9				9		X		
Q4178	Floweramniopatch, per sq cm	Not Covered	Not Covered	0		0%	0%		9				Ů		X		
Q4179	Flowerderm, per sq cm	Not Covered	Not Covered	0		0%	0%		9						X		
Q4179 Q4180	Revita, per sq cm	Not Covered	Not Covered	0	0%	0%	0%		9						X		
Q4181	Amnio wound, per square cm	Not Covered	Not Covered	0	0%	0%	0%		9				9		X		
Q4181	Transcyte, per sq centimeter	Not Covered	Not Covered	0		0%	0%		9				0		X		
Q4186	Epifix 1 sq cm	By Report	By Report	0		0%	0%		9				9		N		<del>                                     </del>
Q4187	Epicord 1 sq cm	Not Covered	Not Covered	0		0%	0%		9				_		X		
Q4187 Q4205	Membrane graft or wrap sq cm	Not Covered	Not Covered	0	0%	0%	0%		9				_		X		
Q4Z05	Internoratie grant or wrap sq cm	Not Covered	Not Covered	U	0%	0%	0%	9	9	9	9	9	9		٨		



		DOLLAF	R VALUE				М	ODIFIERS									
HCPCS		NON-FACILITY	FACILITY			INTRA OP							TSI	ENDO			PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	, ,	(-54)	(-55)	(26/TC)				_			FSI	LIC REQ	AUTH
Q4206	Fluid flow or fluid gf 1 cc	Not Covered	Not Covered	0		0%	0%	9	9		_		_		X		
Q4208	Novafix per sq cm	Not Covered	Not Covered	0		0%	0%	9	9			_	9		X		4
Q4209	Surgraft per sq cm	Not Covered	Not Covered	0	0%	0%	0%	9	9		Ŭ		9		X		
Q4210	Axolotl graf dualgraf sq cm	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	Ū		9		X		
Q4211	Amnion bio or axobio sq cm	Not Covered	Not Covered	0		0%	0%	9	9				_		X		4
Q4212	Allogen, per cc	Not Covered	Not Covered Not Covered	0	0% 0%	0% 0%	0% 0%	9	9		9	_	9		X		4
Q4213 Q4214	Ascent, 0.5 mg  Cellesta cord per sq cm	Not Covered Not Covered	Not Covered	0	0%	0%	0%	9	9	9	·		9		X		
Q4214 Q4215	Axolotl ambient, cryo 0.1 mg	Not Covered	Not Covered	0		0%	0%		9	Ū	Ŭ		9		X		
Q4216	Artacent cord per sq cm	Not Covered	Not Covered	1 0		0%	0%	9	9				9		X		_
Q4217	Woundfix biowound plus xplus	Not Covered  Not Covered	Not Covered	0	0%	0%	0%	9	9				9		X		_
Q4218	Surgicord per sq cm	Not Covered	Not Covered	0	0%	0%	0%	9	9				9		X		_
Q4219	Surgigraft dual per sq cm	Not Covered	Not Covered	0		0%	0%	9	9				9		X		
Q4220	Bellacell hd, surederm sq cm	Not Covered	Not Covered	0		0%	0%	9	9				9		X		
Q4221	Amniowrap2 per sq cm	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9		9		X		
Q4222	Progenamatrix, per sq cm	Not Covered	Not Covered	0	0%	0%	0%	9	9	9			9		X		
Q4226	Myown harv prep proc sq cm	Not Covered	Not Covered	0		0%	0%	9	9				9		Χ		
Q4227	Amniocore per sq cm	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
Q4228	Bionextpatch, per sq cm	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
Q4229	Cogenex amnio memb per sq cm	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
Q4230	Cogenex flow amnion 0.5 cc	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
Q4231	Corplex p, per cc	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
Q4232	Corplex, per sq cm	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
Q4233	Surfactor /nudyn per 0.5 cc	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	O		9		X		
Q4234	Xcellerate, per sq cm	Not Covered	Not Covered	0	0,70	0%	0%	9	9				9		Χ		
Q4235	Amniorepair or altiply sq cm	Not Covered	Not Covered	0		0%	0%	9	9						X		
Q4236	Carepatch per sq cm	Not Covered	Not Covered	0	0%	0%	0%	9	9				9		X		
Q4237	Cryo-cord, per sq cm	Not Covered	Not Covered	0	0%	0%	0%	9	9	Ů	0	,	9		X		
Q4238	Derm-maxx, per sq cm	Not Covered	Not Covered	0	0,70	0%	0%		9				_		X		
Q4239	Amnio-maxx or lite per sq cm	Not Covered	Not Covered	0		0%	0%		9				9		X		4
Q4240	Corecyte topical only 0.5 cc	Not Covered	Not Covered	0	0%	0%	0%	9	9	·	9		9		X		$\blacksquare$
Q4241	Polycyte, topical only 0.5cc	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	_	9		X		
Q4242	Amniocyte plus, per 0.5 cc	Not Covered	Not Covered	0			0%		9						X		4
Q4244	Procenta, per 200 mg	Not Covered	Not Covered	0			0%		9						X		4
Q4245	Amniotext, per cc	Not Covered	Not Covered	0	0,0	0%	0%	9	9						X		$\blacksquare$
Q4246	Coretext or protext, per cc	Not Covered	Not Covered	0	0%	0%	0%	9	9				9		X		
Q4247 Q4248	Amniotext patch, per sq cm	Not Covered	Not Covered Not Covered	0		0% 0%	0% 0%		9						X X		4
Q4248 Q5001	Dermacyte amn mem allo sq cm  Hospice or home hlth in home	Not Covered		0	0%	0%	0%		9				9		N N		V
Q5001 Q5002	Hospice/home hlth in asst lv	By Report Not Covered	By Report Not Covered	0	0%	0%	0%		9	9			9		X		<del>                                     </del>
Q5002 Q5003	Hospice in It/non-skilled nf	By Report	By Report	0		0%	0%		9				0		N		Y
Q5003 Q5004	Hospice in snf	By Report	By Report	0			0%		9				9		N		Ϋ́
Q5005	Hospice, inpatient hospital	By Report	By Report	0	0%	0%	0%		9				_		N		Y
Q5005 Q5006	Hospice in hospice facility	By Report	By Report	0	0%	0%	0%		9				9		N		Y
Q0000	I loopied in hoopied facility	by Report	by Report	U	0 /0	0 70	0 70	3	9	9	9	9	9		1 4		



		DOLLA	R VALUE					ODIFIERS									
HCPCS	ADDDEWATED DECORPTION	NON-FACILITY	FACILITY	_		INTRA OP						CSI	TSI	ENDO	<b>50</b> /	o. p.c.o	PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)							BASE	FSI	LIC REQ	AUTH
Q5007	Hospice in Itch	By Report	By Report	0	0%	0%	0%								N		Y
Q5008	Hospice in inpatient psych	By Report	By Report	0	0%	0%	0%		_				_		N		Υ
Q5009	Hospice/home hlth, place nos	By Report	By Report	0	0%	0%	0%	9					9		N		Υ
Q5010	Hospice home care in hospice	By Report	By Report	0	0%	0%	0%	9			_		9	)	N		Υ
Q5101	Injection, zarxio	Not Covered	Not Covered	0	0%	0%	0%			9	_		9		X		
Q5108	Injection, fulphila	\$294.34	\$294.34	0	0%	0%	0%						9		D		
Q5110	Nivestym	\$0.62	\$0.62	0	0%	0%	0%	9	9	9	9	9	9		D		
Q5111	Injection, udenyca 0.5 mg	\$301.80	\$301.80	0	0%	0%	0%	9		9	·		9	1	D		
Q5112	Inj ontruzant 10 mg	By Report	By Report	0	0%	0%	0%			9	9	9	9		N		Y
Q5113	Inj herzuma 10 mg	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
Q5114	Inj ogivri 10 mg	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
Q5115	Inj truxima 10 mg	By Report	By Report	0	0%	0%	0%	9			Ū		9		N		Υ
Q5116	Inj., trazimera, 10 mg	By Report	By Report	0	0%	0%	0%						9		N		Υ
Q5117	Inj., kanjinti, 10 mg	\$90.67	\$90.67	0	0%	0%	0%	9	9	9	9	9	9		D		Υ
Q5118	Inj., zirabev, 10 mg	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
Q5119	Inj ruxience, 10 mg	\$73.83	\$73.83	0	0%	0%	0%	9	9	9	9	9	9	)	D		Υ
Q5120	Inj pegfilgrastim-bmez 0.5mg	\$317.28	\$317.28	0	0%	0%	0%	9	9	9	9	9	9		D		Υ
Q5121	Inj. avsola, 10 mg	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	)	N		Υ
Q9950	Inj sulf hexa lipid microsph	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	)	N		
Q9951	Locm >= 400 mg/ml iodine,1ml	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	)	N		
Q9953	Inj fe-based mr contrast,1ml	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
Q9954	Oral mr contrast, 100 ml	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
Q9955	Inj perflexane lip micros,ml	By Report	By Report	0	0%	0%	0%	9			9	9	9	)	N		
Q9956	Inj octafluoropropane mic,ml	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	)	N		
Q9957	Inj perflutren lip micros,ml	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
Q9958	Hocm <=149 mg/ml iodine, 1ml	\$0.07	\$0.07	0	0%	0%	0%	9	9	9	9	9	9		D		
Q9959	Hocm 150-199mg/ml iodine,1ml	\$0.11	\$0.11	0	0%	0%	0%	9	9	9			9	)	D		
Q9960	Hocm 200-249mg/ml iodine,1ml	\$0.20	\$0.20	0	0%	0%	0%	9	9	9	9	9	9	)	D		
Q9961	Hocm 250-299mg/ml iodine,1ml	\$0.25	\$0.25	0	0%	0%	0%	9	9	9	9	9	9	)	D		
Q9962	Hocm 300-349mg/ml iodine,1ml	\$0.19	\$0.19	0	0%	0%	0%			9			9		D		
Q9963	Hocm 350-399mg/ml iodine,1ml	\$0.19	\$0.19	0	0%	0%	0%	9		9	_		9		D		
Q9964	Hocm>= 400mg/ml iodine, 1ml	\$0.34	\$0.34	0	0%	0%	0%			9	_		9		D		
Q9965	Locm 100-199mg/ml iodine,1ml	\$0.94	\$0.94	0			0%						9		D		
Q9966	Locm 200-299mg/ml iodine,1ml	\$0.33	\$0.33	0	0%		0%								D		
Q9967	Locm 300-399mg/ml iodine,1ml	\$0.11	\$0.11	0	0%	0%	0%		_						D		
Q9968	Visualization adjunct	By Report	By Report	0	0%	0%	0%				-				N		
Q9969	Non-heu tc-99m add-on/dose	By Report	By Report	0	0%	0%	0%								N		
Q9991	Buprenorph xr 100 mg or less	By Report	By Report	0	0%	0%	0%								N		
Q9992	Buprenorphine xr over 100 mg	By Report	By Report	0	0%	0%	0%				_				N		
R0070	Transport portable x-ray	\$184.31	\$184.31	0	0%	0%	0%					_	0		F		
R0075	Transport port x-ray multipl	\$92.16	\$92.16	0		0%	0%				Ŭ		9		F		
R0075	Transport port x-ray multipl	\$61.45	\$61.45	0		0%	0%								<u>'</u> F		<del>                                     </del>
R0075	Transport port x-ray multipl	\$46.06	\$46.06	0	0%	0%	0%						_		F		
R0075	Transport port x-ray multipl	\$36.86	\$36.86	0	0%	0%	0%								F		
ROUTS	Transport port x-ray multipl	φ30.00	φ30.00	U	U /0	0 /0	0 %	9	9	9	9	9	9		1		



		DOLLAF	R VALUE					ODIFIERS									
HCPCS CODE	ABBREVIATED DESCRIPTION	NON-FACILITY SETTING	FACILITY SETTING	FOL UP	PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	<i>PCTC</i> (26/TC)		BSI (-50)		CSI (-62)		ENDO BASE	FSI	LIC REQ	PRIOR AUTH
R0075	Transport port x-ray multipl	\$30.72	\$30.72	0	0%	0%	0%	9	9	9	9	9	9		F		
R0075	Transport port x-ray multipl	\$30.72	\$30.72	0	0%	0%	0%	3					0		F		
R0076	Transport portable ekg	Bundled	Bundled	0	0%	0%	0%	9		9			9		В		
R0310	Retraining tuition fees	By Report	By Report	0	0%	0%	0%	9							N		
R0310	Retraining tuition fees	By Report	By Report	0	0%	0%	0%								N		
R0312	Retraining supplies	By Report	By Report	0	0%	0%	0%	9		9			9		N		<del> </del>
R0312	Retraining supplies	By Report	By Report	0	0%	0%	0%	9		9		_	9		N		
R0315	Retraining equipment	By Report	By Report	0	0%	0%	0%	9	9	9	_		9		N		
R0315	Retraining equipment	By Report	By Report	0	0%	0%	0%	9	_	O			9		N		
R0320	<u> </u>		By Report	0	0%	0%	0%	9					_		N		<del> </del>
R0320		By Report	By Report	0	0%	0%	0%	9			_	_	9		N		
R0340	Retraining books	By Report	By Report	0	0%	0%	0%	9					_		N		
R0340	Retraining books	By Report	By Report	0	0%	0%	0%	9					9		N		
R0350	Retraining other	By Report	By Report	0	0%	0%	0%	9							N		4
R0350	•	By Report	By Report	0	0%	0%	0%	9				_			N		
	Retraining other	•		0	0%			9		9			9		N		
R0360	Retraining board	By Report	By Report	0	0%	0% 0%	0% 0%	9	Ů	9		•	9		N		
R0360	Retraining board	By Report	By Report	<u> </u>						_			Ŭ				4
R0370	Retraining room	By Report	By Report	0	0%	0%	0%	9		9		_	9		N		
R0370	Retraining room	By Report	By Report	0	0%	0%	0%	9			Ŭ		9		N		
R0390	Retraining child care licensd 6 hr/le		By Report	0	0%	0%	0%	9			Ū		9		N		
R0390	Retraining child care licensd 6 hr/le		By Report	0	0%	0%	0%	9					Ŭ		N		
R0392	Retraining child care licensd 7-9 hr		By Report	0	0%	0%	0%	9		9		_	·		N		
R0392	Retraining child care licensd 7-9 hr		By Report	0	0%	0%	0%	9			·		9		N		
R0398	TRAINING, OPTION 2, JOB PLAC	\$9.70	\$9.70	0	0%	0%	0%	9		9	0		9		F		
R0399	TRAINING, OPTION 2, VOC COU	\$9.42	\$9.42	0	0%	0%	0%	9							F		
S0012	Butorphanol tartrate, nasal	Not Covered	Not Covered	0	0%	0%	0%	9							X		
S0014	Tacrine hydrochloride, 10 mg	Not Covered	Not Covered	0	0%	0%	0%	9			<u> </u>		9		X		
S0017	Injection, aminocaproic acid	Not Covered	Not Covered	0	0%	0%	0%	9		9	Ū		9		X		
S0020	Injection, bupivicaine hydro	\$1.68	\$1.68	0	0%	0%	0%						Ŭ		D		
S0021	Injection, cefoperazone sod	Not Covered	Not Covered	0	0%	0%	0%	9		9			9		X		
S0023	Injection, cimetidine hydroc	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S0028	Injection, famotidine, 20 mg	Not Covered	Not Covered	0	0%	0%	0%	9		9	U		9		X		
S0030	Injection, metronidazole	Not Covered	Not Covered	0			0%								Χ		
S0032	Injection, nafcillin sodium	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
S0034	Injection, ofloxacin, 400 mg	Not Covered	Not Covered	0	0%	0%	0%	9			9	9	9		X		
S0039	Injection, sulfamethoxazole	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S0040	Injection, ticarcillin disod	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S0073	Injection, aztreonam, 500 mg	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
S0074	Injection, cefotetan disodiu	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S0077	Injection, clindamycin phosp	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S0078	Injection, fosphenytoin sodi	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
S0080	Injection, pentamidine iseth	Not Covered	Not Covered	0	0%	0%	0%						9		Χ		
S0081	Injection, piperacillin sodi	Not Covered	Not Covered	0	0%	0%	0%						9		X		
S0088	Imatinib 100 mg	\$8.01	\$8.01	0	0%	0%	0%						_		D		Υ



		DOLLAR	VALUE				МС	ODIFIERS	;								
HCPCS		NON-FACILITY	FACILITY			INTRA OP			MSI			CSI		ENDO			PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)	(26/TC)			(-80)	(-62)			FSI	LIC REQ	AUTH
S0090	Sildenafil citrate, 25 mg	Not Covered	Not Covered	0		0%	0%						Ū		X		
S0091	Granisetron 1mg	\$21.00	\$21.00	0		0%	0%				9		9		D		
S0092	Hydromorphone 250 mg	\$2.50	\$2.50	0	0%	0%	0%	9			9		9		D		Υ
S0093	Morphine 500 mg	\$2.64	\$2.64	0	0%	0%	0%	9			9		5		D		Υ
S0104	Zidovudine, oral, 100 mg	Not Covered	Not Covered	0		0%	0%				9	9	9		Χ		
S0106	Bupropion hcl sr 60 tablets	Not Covered	Not Covered	0	0,0	0%	0%	9	9	9	9	9	9		X		
S0108	Mercaptopurine 50 mg	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S0109	Methadone oral 5mg	Not Covered	Not Covered	0	0%	0%	0%	9	9		9	9	9		X		
S0117	Tretinoin topical 5 g	Not Covered	Not Covered	0	0%	0%	0%				9	9	9		X		
S0119	Ondansetron 4 mg	\$7.54	\$7.54	0	0%	0%	0%	9	9	9	9	9	9		D		
S0122	Inj menotropins 75 iu	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S0126	Inj follitropin alfa 75 iu	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S0128	Inj follitropin beta 75 iu	Not Covered	Not Covered	0	0,0	0%	0%	9	9	9	9	9	9		X		
S0132	Inj ganirelix acetat 250 mcg	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
S0136	Clozapine, 25 mg	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
S0137	Didanosine, 25 mg	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S0138	Finasteride, 5 mg	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
S0139	Minoxidil, 10 mg	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S0140	Saquinavir, 200 mg	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S0142	Colistimethate inh sol mg	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
S0145	Peg interferon alfa-2a/180	\$935.84	\$935.84	0	0%	0%	0%	9	9	9	9	9	9		D		Υ
S0148	Peg interferon alfa-2b/10	\$44.86	\$44.86	0	0%	0%	0%	9	9	9	9	9	9		D		Υ
S0155	Epoprostenol dilutant	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
S0156	Exemestane, 25 mg	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S0157	Becaplermin gel 1%, 0.5 gm	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
S0160	Dextroamphetamine	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S0164	Injection pantroprazole	\$6.00	\$6.00	0	0%	0%	0%	9	9	9	9	9	9		D		
S0166	Inj olanzapine 2.5mg	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S0169	Calcitrol	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
S0170	Anastrozole 1 mg	\$0.25	\$0.25	0	0%	0%	0%	9	9	9	9	9	9		D		Υ
S0171	Bumetanide 0.5 mg	\$0.06	\$0.06	0	0%	0%	0%	9	9	9	9	9	9		D		
S0172	Chlorambucil 2 mg	\$0.79	\$0.79	0	0%	0%	0%	9	9	9	9	9	9		D		Υ
S0174	Dolasetron 50 mg	\$86.46	\$86.46	0	0%	0%	0%	9	9	9	9	9	9		D		
S0175	Flutamide 125 mg	\$0.01	\$0.01	0	0%	0%	0%	9	9	9	9	9	9		D		Υ
S0176	Hydroxyurea 500 mg	\$0.88	\$0.88	0	0%	0%	0%	9	9	9	9	9	9		D		Υ
S0177	Levamisole 50 mg	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
S0178	Lomustine 10 mg	\$10.92	\$10.92	0	0%	0%	0%	9	9	9	9	9	9		D		Υ
S0179	Megestrol 20 mg	\$0.43	\$0.43	0	0%	0%	0%					9	9		D		Υ
S0182	Procarbazine, oral	\$0.78	\$0.78	0	0%	0%	0%	9	9	9	9	9	9		D		
S0183	Prochlorperazine 5 mg	\$0.61	\$0.61	0	0%	0%	0%	9	9		9	9	9		D		
S0187	Tamoxifen 10 mg	\$1.89	\$1.89	0	0%	0%	0%	9			9	9	9		D		Υ
S0189	Testosterone pellet 75 mg	\$108.00	\$108.00	0			0%						9		D		Υ
S0190	Mifepristone, oral, 200 mg	\$40.00	\$40.00	0	0%	0%	0%	9			9	9	9		D		Υ
S0191	Misoprostol, oral, 200 mcg	\$0.27	\$0.27	0	0%	0%	0%	9			9	9	9		D		Υ



		DOLLAI	R VALUE					ODIFIERS									
HCPCS CODE	ABBREVIATED DESCRIPTION	NON-FACILITY SETTING	FACILITY SETTING	FOL UP	PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	<i>PCTC</i> (26/TC)				CSI (-62)		ENDO BASE	FSI	LIC REQ	PRIOR AUTH
		Not Covered	Not Covered	0,			0%								X	LIONEQ	AOIII
S0194	Vitamin suppl 100 caps			_		0%							_		X		
S0197	Prenatal vitamins 30 day	Not Covered	Not Covered	0	0%	0%	0%			9	_	_	9				
S0199	Med abortion inc all ex drug	By Report	By Report	0	0%	0%	0%	9			Ū		9		N		
S0201	Partial hospitalization serv	Not Covered	Not Covered	0	0%	0%	0% 0%	9			Ū		9		X		
S0207	Paramedicintercep nonhospals	Not Covered	Not Covered	0	0%	0%	0%						Ŭ		X X		
S0208	Paramed intrcept nonvol	Not Covered	Not Covered	0		0%				9		_	9				
S0209	Wc van mileage per mi	Not Covered	Not Covered	0	0%	0%	0%	9		9	_		9		X		
S0215	Nonemerg transp mileage	Not Covered	Not Covered	0	0%	0% 0%	0% 0%	9	9	O	O		9		X		
S0220	Medical conference by physic	Not Covered	Not Covered	0	0%						_		9		X		
S0221	Medical conference, 60 min	Not Covered	Not Covered	0	0%	0%	0%					_	9		X		
S0250	Comp geriatr assmt team	Not Covered	Not Covered	0	0%	0%	0%	9			Ŭ		9		X		
S0255	Hospice refer visit nonmd	Not Covered	Not Covered	0	0%	0%	0%	9			Ŭ		9		X		
S0257	End of life counseling	Not Covered	Not Covered	0	0%	0%	0%				_		9		X		
S0260	H&p for surgery	Not Covered	Not Covered	0		0%	0%					_			X		
S0265	Genetic counsel 15 mins	Not Covered	Not Covered	0	0%	0%	0%	9			9		9		X		
S0270	Home std case rate 30 days	Not Covered	Not Covered	0	0%	0%	0%	9	Ů	9	J	•	9		X		
S0271	Home hospice case 30 days	Not Covered	Not Covered	0	0,0	0%	0%			9			9		X		
S0272	Home episodic case 30 days	Not Covered	Not Covered	0	0%	0%	0%			9	_		9		X		
S0273	Md home visit outside cap	Not Covered	Not Covered	0	0%	0%	0%	9			Ŭ		9		X		
S0274	Nurse practr visit outs cap	Not Covered	Not Covered	0	0%	0%	0%	9			Ū		9		X		
S0280	Medical home, initial plan	Not Covered	Not Covered	0	0%	0%	0%						9		X		
S0281	Medical home, maintenance	Not Covered	Not Covered	0		0%	0%						9		X		
S0302	Completed epsdt	Not Covered	Not Covered	0	0%	0%	0%	9			_		9		X		
S0310	Hospitalist visit	Not Covered	Not Covered	0	0%	0%	0%	9		9	O		9		X		
S0315	Disease management program	Not Covered	Not Covered	0	0%	0%	0%								X		
S0316	Follow-up/reassessment	Not Covered	Not Covered	0	0%	0%	0%						·		X		
S0317	Disease mgmt per diem	Not Covered	Not Covered	0	0%	0%	0%	9			Ū		9		X		
S0320	Rn telephone calls to dmp	Not Covered	Not Covered	0	0%	0%	0%	9		9	Ū		9		X		
S0340	Lifestyle mod 1st stage	Not Covered	Not Covered	0	0%	0%	0%				_		9		X		
S0341	Lifestyle mod 2 or 3 stage	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S0342	Lifestyle mod 4th stage	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S0353	Cancer treatmentplan initial	Not Covered	Not Covered	0	0%	0%	0%	9			U		9		X		
S0354	Cancer treatment plan change	Not Covered	Not Covered	0			0%								X		
S0390	Rout foot care per visit	Not Covered	Not Covered	0			0%				9	9	9		Χ		
S0395	Impression casting ft	By Report	By Report	0	0%	0%	0%				9	9	9		N		
S0400	Global eswl kidney	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S0500	Dispos cont lens	Not Covered	Not Covered	0			0%						9		Χ		
S0504	Singl prscrp lens	Not Covered	Not Covered	0			0%		9	9	9	9	9		Χ		
S0506	Bifoc prscp lens	Not Covered	Not Covered	0	0%	0%	0%			9			9		X		
S0508	Trifoc prscrp lens	Not Covered	Not Covered	0	0%	0%	0%		9	9	9	9	9		X		
S0510	Non-prscrp lens	Not Covered	Not Covered	0		0%	0%						9		Χ		
S0512	Daily cont lens	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
S0514	Color cont lens	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S0515	Scleral lens liquid bandage	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		



		DOLLAF	R VALUE					ODIFIERS									
HCPCS		NON-FACILITY	FACILITY			INTRA OP						CSI	TSI	ENDO			PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)		÷	<u> </u>	÷	÷	(-66)	BASE	FSI	LIC REQ	AUTH
S0516	Safety frames	Not Covered	Not Covered	0	0%	0%	0%						_		X		
S0518	Sunglass frames	Not Covered	Not Covered	0	0%	0%	0%			9	9	9	9	9	X		
S0580	Polycarb lens	Not Covered	Not Covered	0	0%	0%	0%			9	9	9	9	9	X		
S0581	Nonstnd lens	Not Covered	Not Covered	0	0%	0%	0%	9			_		9	9	X		
S0590	Misc integral lens serv	Not Covered	Not Covered	0	0%	0%	0%				_		9	9	X		
S0592	Comp cont lens eval	Not Covered	Not Covered	0	0%	0%	0%						9	9	Χ		
S0595	New lenses in pts old frame	Not Covered	Not Covered	0	0%	0%	0%	9		9	9	9	9	9	X		
S0596	Phakic iol refractive error	Not Covered	Not Covered	0	0%	0%	0%	9			U		9	9	X		
S0601	Screening proctoscopy	Not Covered	Not Covered	0	0%	0%	0%						9	9	X		
S0610	Annual gynecological examina	Not Covered	Not Covered	0	0%	0%	0%				9	9	9	)	Χ		
S0612	Annual gynecological examina	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	9	X		
S0613	Ann breast exam	Not Covered	Not Covered	0	0%	0%	0%	9			Ū				X		
S0618	Audiometry for hearing aid	Not Covered	Not Covered	0	0%	0%	0%						·		X		
S0620	Routine ophthalmological exa	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
S0621	Routine ophthalmological exa	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	9	X		
S0622	Phys exam for college	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
S0630	Removal of sutures	Not Covered	Not Covered	0	0%	0%	0%		9	9	9	9	9	)	Χ		
S0800	Laser in situ keratomileusis	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
S0810	Photorefractive keratectomy	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
S0812	Phototherap keratect	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
S1001	Deluxe item	Not Covered	Not Covered	0	0%	0%	0%		9	9	9	9	9	)	Χ		
S1002	Custom item	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
S1015	Iv tubing extension set	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
S1016	Non-pvc intravenous administ	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
S1030	Gluc monitor purchase	Not Covered	Not Covered	0	0%	0%	0%		9	9	9	9	9	)	Χ		
S1031	Gluc monitor rental	Not Covered	Not Covered	0	0%	0%	0%		9	9	9	9	9	)	Χ		
S1034	Art pancreas system	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
S1035	Art pancreas inv disp sensor	Not Covered	Not Covered	0	0%	0%	0%		9	9	9	9	9	)	X		
S1036	Art pancreas ext transmitter	Not Covered	Not Covered	0	0%	0%	0%				9	9	9	)	Χ		
S1037	Art pancreas ext receiver	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
S1040	Cranial remolding orthosis	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
S2053	Transplantation of small int	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
S2054	Transplantation of multivisc	Not Covered	Not Covered	0	0%	0%	0%	9			9	9	9	)	Χ		
S2055	Harvesting of donor multivis	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
S2060	Lobar lung transplantation	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
S2061	Donor lobectomy (lung)	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
S2065	Simult panc kidn trans	Not Covered	Not Covered	0	0%	0%	0%		9	9	9	9	9	)	Χ		
S2066	Breast gap flap reconst	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
S2067	Breast "stacked" diep/gap	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
S2068	Breast diep or siea flap	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
S2070	Cysto laser tx ureteral calc	Not Covered	Not Covered	0	0%	0%	0%	9			9	9	9	)	Χ		
S2079	Lap esophagomyotomy	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	Χ		
S2080	Laup	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
S2083	Adjustment gastric band	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		



		DOLLA	R VALUE					ODIFIERS									
HCPCS CODE	ABBREVIATED DESCRIPTION	NON-FACILITY SETTING	FACILITY SETTING	FOL UP	PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	<i>PCTC</i> (26/TC)						ENDO BASE	FSI	LIC REQ	PRIOR AUTH
S2095	Transcath emboliz microspher	Not Covered	Not Covered	0		0%	0%								X		
S2102	Islet cell tissue transplant	Not Covered	Not Covered	0		0%	0%			9		_	9		X		
S2103	Adrenal tissue transplant	Not Covered	Not Covered	0	0%	0%	0%	9		9	_		9		X		
S2107	Adoptive immunotherapy	Not Covered	Not Covered	0	0%	0%	0%	9					_		X		
S2112	Knee arthroscp harv	By Report	By Report	0		0%	0%				1		9		N		
S2115	Periacetabular osteotomy	Not Covered	Not Covered	0		0%	0%			9			9		X		
S2117	Arthroereisis, subtalar	Not Covered	Not Covered	0	0%	0%	0%	9					_		X		
S2118	Total hip resurfacing	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	_	_	9		X		
S2120	Low density lipoprotein(ldl)	Not Covered	Not Covered	0		0%	0%	_	9	9			9		X		
S2140	Cord blood harvesting	Not Covered	Not Covered	0		0%	0%						_		X		
S2142	Cord blood-derived stem-cell	Not Covered	Not Covered	0	0%	0%	0%	9			_		9		X		
S2150	Bmt harv/transpl 28d pkg	Not Covered	Not Covered	0	0%	0%	0%	9					_		X		
S2152	Solid organ transpl pkg	Not Covered	Not Covered	0		0%	0%				1		9		X		
S2202	Echosclerotherapy	Not Covered	Not Covered	0		0%	0%						Ŭ		X		<del>                                     </del>
S2205	Minimally invasive direct co	Not Covered	Not Covered	0	0%	0%	0%	9			9		_		X		
S2206	Minimally invasive direct co	Not Covered	Not Covered	0	0%	0%	0%	9		9			9		X		$\vdash$
S2207	Minimally invasive direct co	Not Covered	Not Covered	0		0%	0%	Ü	Ů	9	Ŭ	Ū	9		X		
S2208	Minimally invasive direct co	Not Covered	Not Covered	0		0%	0%			9			Ŭ	_	X		
S2200	Minimally invasive direct co	Not Covered	Not Covered	0	0%	0%	0%	9		Ť		_	9		X		
S2225	Myringotomy laser-assist	Not Covered	Not Covered	0	0%	0%	0%	9					ŭ		Y		
S2223 S2230	Implant semi-imp hear	Not Covered	Not Covered	0		0%	0%				1		_		X		
S2235	Implant semi-imp near	Not Covered	Not Covered	0		0%	0%						_		X		4
S2235 S2260	Induced abortion 17-24 weeks	Not Covered  Not Covered	Not Covered	0	0%	0%	0%	9					_		X		
			Not Covered	0						9			9		X		
S2265	Induced abortion 25-28 wks	Not Covered		0	0%	0%	0%	9		O	O		U		, · ·		
S2266	Induced abortion 29-31 wks	Not Covered	Not Covered	0		0%	0%								X		
S2267	Induced abortion 32 or more	Not Covered	Not Covered	0		0%	0%								X		
S2300	Arthroscopy, shoulder, surgi	Not Covered	Not Covered	0	0%	0%	0%	9			Ŭ		9		X		
S2325	Hip core decompression	Not Covered	Not Covered	0	0%	0%	0%	9		9	Ū		9		X		
S2340	Chemodenervation of abductor	Not Covered	Not Covered	0	0,0	0%	0%				_		Ŭ		X		
S2341	Chemodenerv adduct vocal	Not Covered	Not Covered	0	0,0	0%	0%						_		X		
S2342	Nasal endoscop po debrid	Not Covered	Not Covered	0	0%	0%	0%	9				_	9		X		
S2348	Decompress disc rf lumbar	Not Covered	Not Covered	0	0%	0%	0%	9			U		9		X		
S2350	Diskectomy, anterior, with d	Not Covered	Not Covered	0			0%								X		
S2351	Diskectomy, anterior, with d	Not Covered	Not Covered	0			0%						Ŭ		X		
S2400	Fetal surg congen hernia	Not Covered	Not Covered	0	0%	0%	0%						_		X		
S2401	Fetal surg urin trac obstr	Not Covered	Not Covered	0	0%	0%	0%						9		X		
S2402	Fetal surg cong cyst malf	Not Covered	Not Covered	0			0%								X		
S2403	Fetal surg pulmon sequest	Not Covered	Not Covered	0		0%	0%						9		Χ		
S2404	Fetal surg myelomeningo	Not Covered	Not Covered	0	0%	0%	0%						9		X		
S2405	Fetal surg sacrococ teratoma	Not Covered	Not Covered	0	0%	0%	0%		9	9			9		X		
S2409	Fetal surg noc	Not Covered	Not Covered	0		0%	0%								Χ		
S2411	Fetoscop laser ther ttts	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S2900	Robotic surgical system	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		В		
S3000	Bilat dil retinal exam	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		



		DOLLAF	R VALUE				М	ODIFIERS	3								
HCPCS		NON-FACILITY	FACILITY			INTRA OP						CSI		ENDO			PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)	(26/TC)							FSI	LIC REQ	AUTH
S3005	Eval self-assess depression	Not Covered	Not Covered	0	0%	0%	0%						Ŭ		X		
S3600	Stat lab	\$14.31	\$14.31	0	0%	0%	0%	9		9		_	9		F		
S3601	Stat lab home/nf	\$14.31	\$14.31	0	0%	0%	0%	9					9		F		
S3620	Newborn metabolic screening	Not Covered	Not Covered	0	0%	0%	0%	9			Ū		9		X		
S3630	Eosinophil blood count	Not Covered	Not Covered	0	0%	0%	0%						9		X		
S3645	Hiv-1 antibody testing of or	Not Covered	Not Covered	0	0%	0%	0%	9		9	9	9	9		Χ		
S3650	Saliva test, hormone level;	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S3652	Saliva test, hormone level;	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	O		9		X		
S3655	Antisperm antibodies test	Not Covered	Not Covered	0	0%	0%	0%	9			_		9		X		
S3708	Gastrointestinal fat absorpt	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
S3722	Dose optimization auc - 5fu	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S3800	Genetic testing als	Not Covered	Not Covered	0	0%	0%	0%	9			Ŭ		9		X		
S3840	Dna analysis ret-oncogene	Not Covered	Not Covered	0	0%	0%	0%	9			_		9		X		
S3841	Gene test retinoblastoma	Not Covered	Not Covered	0	0%	0%	0%	9			9	9	9		X		
S3842	Gene test hippel-lindau	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S3844	Dna analysis deafness	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S3845	Gene test alpha-thalassemia	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S3846	Gene test beta-thalassemia	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
S3849	Gene test niemann-pick	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S3850	Gene test sickle cell	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S3852	Dna analysis apoe alzheimer	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
S3853	Gene test myo musclr dyst	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
S3861	Genetic test brugada	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
S3865	Comp genet test hyp cardiomy	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S3866	Spec gene test hyp cardiomy	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
S3870	Cgh test developmental delay	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
S3900	Surface emg	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S3902	Ballistocardiogram	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S3904	Masters two step	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
S4005	Interim labor facility globa	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
S4011	lvf package	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S4013	Compl gift case rate	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S4014	Compl zift case rate	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
S4015	Complete ivf nos case rate	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
S4016	Frozen ivf case rate	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S4017	lvf canc a stim case rate	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S4018	F emb trns canc case rate	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S4020	lvf canc a aspir case rate	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
S4021	lvf canc p aspir case rate	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S4022	Asst oocyte fert case rate	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S4023	Incompl donor egg case rate	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
S4025	Donor serv ivf case rate	Not Covered	Not Covered	0	0%	0%	0%	9			9	9	9		X		
S4026	Procure donor sperm	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S4027	Store prev froz embryos	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		



		DOLLAF	R VALUE				М	ODIFIERS	3								
HCPCS		NON-FACILITY	FACILITY			INTRA OP			MSI		ASI			ENDO			PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)	(26/TC)	(-51)	(-50)	(-80)	(-62)	(-66)	BASE	FSI	LIC REQ	AUTH
S4028	Microsurg epi sperm asp	Not Covered	Not Covered	0		0%	0%					_			X		
S4030	Sperm procure init visit	Not Covered	Not Covered	0		0%	0%						9		X		
S4031	Sperm procure subs visit	Not Covered	Not Covered	0	0,0	0%	0%				9		9		X		
S4035	Stimulated iui case rate	Not Covered	Not Covered	0	0,0	0%	0%	9					5		X		
S4037	Cryo embryo transf case rate	Not Covered	Not Covered	0		0%	0%					9	, U		X		
S4040	Monit store cryo embryo 30 d	Not Covered	Not Covered	0		0%	0%					9	9		Χ		
S4042	Ovulation mgmt per cycle	Not Covered	Not Covered	0	0 70	0%	0%				9	9	9		X		
S4981	Insert levonorgestrel ius	Not Covered	Not Covered	0	0%	0%	0%		9		·	_	9		X		
S4989	Contracept iud	Not Covered	Not Covered	0	0,0	0%	0%						,		X		
S4990	Nicotine patch legend	Not Covered	Not Covered	0	0%	0%	0%		9	9	9	9	9		Χ		
S4991	Nicotine patch nonlegend	Not Covered	Not Covered	0	0 70	0%	0%	9	9	9	9	9	9		X		
S4993	Contraceptive pills for bc	Not Covered	Not Covered	0	0 70	0%	0%	9			9	9	9		X		
S4995	Smoking cessation gum	Not Covered	Not Covered	0	0,0	0%	0%		_				9		X		
S5000	Prescription drug, generic	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
S5001	Prescription drug, brand name	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S5010	5% dextrose and 0.45% saline	Not Covered	Not Covered	0	0%	0%	0%	9	·		9	9	9		Χ		
S5012	5% dextrose with potassium	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
S5013	5%dextrose/0.45%saline1000ml	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
S5014	D5w/0.45ns w kcl and mgs04	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
S5035	Hit routine device maint	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S5036	Hit device repair	Not Covered	Not Covered	0	0%	0%	0%				9	9	9		Χ		
S5100	Adult daycare services 15min	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
S5101	Adult day care per half day	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S5102	Adult day care per diem	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S5105	Centerbased day care perdiem	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
S5108	Homecare train pt 15 min	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
S5109	Homecare train pt session	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S5110	Family homecare training 15m	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S5111	Family homecare train/sessio	Not Covered	Not Covered	0	0%	0%	0%		9	9	9	9	9		Χ		
S5115	Nonfamily homecare train/15m	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
S5116	Nonfamily hc train/session	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S5120	Chore services per 15 min	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S5121	Chore services per diem	Not Covered	Not Covered	0	0%	0%	0%	9			9	9			Χ		
S5125	Attendant care service /15m	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
S5126	Attendant care service /diem	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S5130	Homaker service nos per 15m	Not Covered	Not Covered	0	0%	0%	0%	9			9	9	9		X		
S5131	Homemaker service nos /diem	Not Covered	Not Covered	0			0%					9	•		Χ		
S5135	Adult companioncare per 15m	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
S5136	Adult companioncare per diem	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S5140	Adult foster care per diem	Not Covered	Not Covered	0	0%	0%	0%		9	9	9	9	9		X		
S5141	Adult foster care per month	Not Covered	Not Covered	0	0%	0%	0%	9			9	9	9		Χ		
S5145	Child fostercare th per diem	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
S5146	Ther fostercare child /month	Not Covered	Not Covered	0	0%	0%	0%	9			9	9	9		X		
S5150	Unskilled respite care /15m	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		



			R VALUE					ODIFIERS									
HCPCS	ADDDEWATED DESCRIPTION	NON-FACILITY	FACILITY			INTRA OP						CSI		ENDO	<b>F</b> C1	LIC DEO	PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)	(26/TC)							FSI	LIC REQ	AUTH
S5151	Unskilled respitecare /diem	Not Covered	Not Covered	0		0%	0%						Ŭ		X		
S5160	Emer response sys instal&tst	By Report	By Report	0		0%	0%				_	_	9		N		Υ
S5161	Emer rspns sys serv permonth	By Report	By Report	0	0%	0%	0%				Ū		9		N		Υ
S5162	Emer rspns system purchase	By Report	By Report	0	0%	0%	0%	9			Ū		- U		N		Υ
S5165	Home modifications per serv	Not Covered	Not Covered	0		0%	0%						9		X		
S5170	Homedelivered prepared meal	Not Covered	Not Covered	0		0%	0%			9		_	9		Χ		
S5175	Laundry serv,ext,prof,/order	Not Covered	Not Covered	0	0%	0%	0%	9			_		9		X		
S5180	Hh respiratory thrpy in eval	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	O		9		X		
S5181	Hh respiratory thrpy nos/day	Not Covered	Not Covered	0	0,0	0%	0%				_		9		X		
S5185	Med reminder serv per month	Not Covered	Not Covered	0	0,0	0%	0%					_	9		Χ		
S5190	Wellness assessment by nonph	Not Covered	Not Covered	0	0%	0%	0%	9			Ŭ		9		X		
S5199	Personal care item nos each	Not Covered	Not Covered	0	0%	0%	0%	9			Ŭ		9		X		
S5497	Hit cath care noc	Not Covered	Not Covered	0		0%	0%				_		9		Χ		
S5498	Hit simple cath care	Not Covered	Not Covered	0		0%	0%				9	9	9		Χ		
S5501	Hit complex cath care	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S5502	Hit interim cath care	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
S5517	Hit declotting kit	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
S5518	Hit cath repair kit	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S5520	Hit picc insert kit	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S5521	Hit midline cath insert kit	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
S5522	Hit picc insert no supp	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
S5523	Hip midline cath insert kit	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S5550	Insulin rapid 5 u	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
S5551	Insulin most rapid 5 u	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S5552	Insulin intermed 5 u	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
S5553	Insulin long acting 5 u	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Х		
S5560	Insulin reuse pen 1.5 ml	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
S5561	Insulin reuse pen 3 ml	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S5565	Insulin cartridge 150 u	Not Covered	Not Covered	0		0%	0%	9	9	9	9	9	9		Χ		
S5566	Insulin cartridge 300 u	Not Covered	Not Covered	0		0%	0%		9	9			9		X		
S5570	Insulin dispos pen 1.5 ml	Not Covered	Not Covered	0	0%	0%	0%	9					9		X		
S5571	Insulin dispos pen 3 ml	Not Covered	Not Covered	0	0%	0%	0%	9	9	9			9		X		
S8030	Tantalum ring application	Not Covered	Not Covered	0			0%			9			9		X		
S8032	Low dose ct lung screening	Not Covered	Not Covered	0			0%								X		
S8035	Magnetic source imaging	Not Covered	Not Covered	0	0%	0%	0%						Ť		X		
S8037	Mrcp	Not Covered	Not Covered	0	0%	0%	0%								X		
S8040	Topographic brain mapping	Not Covered	Not Covered	0			0%								X		
S8042	Mri low field	Not Covered	Not Covered	0			0%						9		X		
S8055	Us guidance fetal reduct	Not Covered	Not Covered	0	0%	0%	0%				_		9		X		
S8080	Scintimammography	Not Covered	Not Covered	0	0%	0%	0%						9		X		
S8085	Fluorine-18 fluorodeoxygluco	Not Covered	Not Covered	0			0%						9		X		
S8092	Electron beam computed tomog	Not Covered	Not Covered	0			0%						9		X		
S8096	Portable peak flow meter	Not Covered Not Covered	Not Covered	0	0%	0%	0%								X		
S8097	Asthma kit	Not Covered Not Covered	Not Covered	0		0%	0%								X		
00031	Astrilla Nit	Not Covered	NOT COVERED	U	U /0	0 /0	0 %	9	9	9	9	9	9		/\		



		DOLLAI	R VALUE					ODIFIERS									
HCPCS	ADDDEWATED DECORPTION	NON-FACILITY	FACILITY	_		_						CSI	TSI	ENDO	<b>50</b> /	o. p.co	PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)							BASE	FSI	LIC REQ	AUTH
S8100	Spacer without mask	Not Covered	Not Covered	0		0%	0%							_	X		
S8101	Spacer with mask	Not Covered	Not Covered	0		0%	0%		_				9	9	X		
S8110	Peak expiratory flow rate (p	Not Covered	Not Covered	0	0%	0%	0%	9		9	9	9	9	)	X		
S8120	O2 contents gas cubic ft	Not Covered	Not Covered	0	0%	0%	0%	9		9	_		9	9	X		
S8121	O2 contents liquid lb	Not Covered	Not Covered	0	0%	0%	0%			9	_		9	9	X		
S8130	Interferential stim 2 chan	Not Covered	Not Covered	0		0%	0%						9	9	Χ		
S8131	Interferential stim 4 chan	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	9	X		
S8185	Flutter device	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	9	X		
S8186	Swivel adaptor	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	9	Χ		
S8189	Trach supply noc	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
S8210	Mucus trap	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
S8265	Haberman feeder	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
S8270	Enuresis alarm	Not Covered	Not Covered	0	0%	0%	0%		9	9	9	9	9	)	Χ		
S8301	Infect control supplies nos	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	)	N		Υ
S8415	Supplies for home delivery	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
S8420	Custom gradient sleev/glov	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	)	N		
S8421	Ready gradient sleev/glov	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	)	N		
S8422	Custom grad sleeve med	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	)	N		
S8423	Custom grad sleeve heavy	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	)	N		
S8424	Ready gradient sleeve	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	9	N		
S8425	Custom grad glove med	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	)	N		
S8426	Custom grad glove heavy	By Report	By Report	0	0%	0%	0%		9	9	9	9	9	)	N		
S8427	Ready gradient glove	By Report	By Report	0	0%	0%	0%	9					9		N		
S8428	Ready gradient gauntlet	By Report	By Report	0	0%	0%	0%	9			9	9	9	9	N		
S8429	Gradient pressure wrap	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	)	N		
S8430	Padding for comprssn bdg	By Report	By Report	0	0%	0%	0%			9			9		N		
S8431	Compression bandage	By Report	By Report	0	0%	0%	0%	9					9		N		
S8450	Splint digit	Not Covered	Not Covered	0	0%	0%	0%	9					9	9	X		
S8451	Splint wrist or ankle	Not Covered	Not Covered	0	0%	0%	0%						9	)	X		
S8452	Splint elbow	Not Covered	Not Covered	0	0%	0%	0%			9			9	9	X		
S8460	Camisole post-mast	Not Covered	Not Covered	0	0%	0%	0%	9		9	_		9		X		
S8490	100 insulin syringes	Not Covered	Not Covered	0	0%	0%	0%			9	_		9		X		
S8930	Auricular electrostimulation	Not Covered	Not Covered	0			0%								X		
S8940	Hippotherapy per session	Not Covered	Not Covered	0			0%						_		X		
S8948	Low-level laser trmt 15 min	Not Covered	Not Covered	0	0%	0%	0%		_				0	)	X		
S8950	Complex lymphedema therapy,	Not Covered	Not Covered	0	0%	0%	0%						0	2	X		
S8990	Pt or manip for maint	Not Covered	Not Covered	0			0%					_	0	)	X		
S8999	Resuscitation bag	Not Covered	Not Covered	0			0%							)	X		<del>                                     </del>
S9001	Home uterine monitor with or	Not Covered Not Covered	Not Covered	0	0%	0%	0%	9			_	_	9		X		
S9007	Ultrafiltration monitor	Not Covered	Not Covered	0	0%	0%	0%						<u> </u>		X		
S9007 S9024	Paranasal sinus ultrasound	Not Covered	Not Covered	0			0%							<u> </u>	X		
S9024 S9025	Omnicardiogram/cardiointegra	Not Covered	Not Covered	0			0%						<u> </u>		X		<del> </del>
S9025 S9034	· · · · · · · · · · · · · · · · · · ·		Not Covered	0	0%												
	Eswl for gallstones	Not Covered		0		0%	0%		_						X		$\vdash$
S9055	Procuren or other growth fac	Not Covered	Not Covered	U	0%	0%	0%	9	9	9	9	9	9	7	Χ		



HCPCS								ODIFIERS									
CODE	ABBREVIATED DESCRIPTION	NON-FACILITY SETTING	FACILITY SETTING	FOL UP	PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	<i>PCTC</i> (26/TC)				CSI (-62)		ENDO BASE	FSI	LIC REQ	PRIOR AUTH
S9056	Coma stimulation per diem	Not Covered	Not Covered	0		0%	0%								Χ		
S9061	Medical supplies and equipme	Not Covered	Not Covered	0		0%	0%			9			9		X		
S9083	Urgent care center global	Not Covered	Not Covered	0	0%	0%	0%	9		9	_	_	9		X		
S9088	Services provided in urgent	Not Covered	Not Covered	0	0%	0%	0%	9					9		X		
S9090	Vertebral axial decompressio	Not Covered	Not Covered	0		0%	0%						9		X		
S9097	Home visit wound care	Not Covered	Not Covered	0		0%	0%			9			9		X		
S9098	Home phototherapy visit	Not Covered	Not Covered	0	0%	0%	0%	9				_	9		X		
S9110	Telemonitoring/home per mnth	Not Covered	Not Covered	0	0%	0%	0%	9	9	9			9		X		
S9117	Back school visit	Not Covered	Not Covered	0		0%	0%	9	9	9			9		Χ		
S9122	Home health aide or certifie	\$31.46	\$31.46	0		0%	0%						9		F		Υ
S9123	Nursing care in home rn	\$63.26	\$63.26	0	0%	0%	0%	9			_	_	9		F		Υ
S9124	Nursing care, in the home; b	\$45.69	\$45.69	0	0%	0%	0%	9					9		F		Υ
S9125	Respite care, in the home, p	Not Covered	Not Covered	0		0%	0%						9		X		
S9126	Hospice care, in the home, p	Not Covered	Not Covered	0		0%	0%						9		X		
S9127	Social work visit, in the ho	Not Covered	Not Covered	0	0%	0%	0%	9			_	_	9		X		
S9128	Speech therapy, in the home,	Not Covered	Not Covered	0	0%	0%	0%	9		9			9		X		
S9129	Occupational therapy, in the	Not Covered	Not Covered	0		0%	0%	9	9	9	9	9	9		X		
S9131	Pt in the home per diem	Not Covered	Not Covered	0		0%	0%			9			9		X		
S9140	Diabetic management program,	Not Covered	Not Covered	0	0%	0%	0%	9		9			9		X		
S9141	Diabetic management program,	Not Covered	Not Covered	0	0%	0%	0%	9					9		X		
S9145	Insulin pump initiation	Not Covered	Not Covered	0		0%	0%						9		X		
S9150	Evaluation by ocularist	Not Covered	Not Covered	0		0%	0%						9		X		
S9152	Speech therapy, re-eval	Not Covered	Not Covered	0	0%	0%	0%	9					9		X		
S9208	Home mgmt preterm labor	Not Covered	Not Covered	0	0%	0%	0%	9		9	_		9		X		
S9209	Home mgmt pprom	Not Covered	Not Covered	0		0%	0%	-		9			9		X		
S9211	Home mgmt gest hypertension	Not Covered	Not Covered	0		0%	0%						9		X		
S9212	Hm postpar hyper per diem	Not Covered	Not Covered	0	0%	0%	0%	9			_		9		Χ		
S9213	Hm preeclamp per diem	Not Covered	Not Covered	0	0%	0%	0%	9		9	_		9		X		
S9214	Hm gest dm per diem	Not Covered	Not Covered	0		0%	0%			9			9		X		
S9325	Hit pain mgmt per diem	Not Covered	Not Covered	0		0%	0%	9					9		X		
S9326	Hit cont pain per diem	Not Covered	Not Covered	0	0%	0%	0%	9					9		X		
S9327	Hit int pain per diem	Not Covered	Not Covered	0	0%	0%	0%	9		9			9		X		
S9328	Hit pain imp pump diem	Not Covered	Not Covered	0			0%	9	9	9			9		X		
S9329	Hit chemo per diem	Not Covered	Not Covered	0		0%	0%								X		
S9330	Hit cont chem diem	Not Covered	Not Covered	0	0%	0%	0%						9		X		
S9331	Hit intermit chemo diem	Not Covered	Not Covered	0	0%	0%	0%								X		
S9335	Ht hemodialysis diem	Not Covered	Not Covered	0			0%						9		Χ		
S9336	Hit cont anticoag diem	Not Covered	Not Covered	0		0%	0%						9		X		
S9338	Hit immunotherapy diem	Not Covered	Not Covered	0	0%	0%	0%				_		9		X		
S9339	Hit periton dialysis diem	Not Covered	Not Covered	0	0%	0%	0%						9		X		
S9340	Hit enteral per diem	Not Covered	Not Covered	0		0%	0%						9		X		
S9341	Hit enteral grav diem	Not Covered	Not Covered	0		0%	0%						9		X		
S9342	Hit enteral pump diem	Not Covered	Not Covered	0	0%	0%	0%								X		
S9343	Hit enteral bolus nurs	Not Covered	Not Covered	0		0%	0%								X		



		DOLLAF	R VALUE					ODIFIERS									
HCPCS		NON-FACILITY	FACILITY			INTRA OP								ENDO			PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)	(26/TC)	(-51)	(-50)	(-80)	(-62)	(-66)	BASE	FSI	LIC REQ	AUTH
S9345	Hit anti-hemophil diem	Not Covered	Not Covered	C	0%	0%	0%	9	9	9	9	9	9		Χ		
S9346	Hit alpha-1-proteinas diem	Not Covered	Not Covered	C	0,0		0%	9	9	9	9	9	9		Χ		
S9347	Hit longterm infusion diem	Not Covered	Not Covered	C	0%	0%	0%	9	9	9	9	9	9		X		
S9348	Hit sympathomim diem	Not Covered	Not Covered	C	0%	0%	0%	9	9	9	9	9	9		Χ		
S9349	Hit tocolysis diem	Not Covered	Not Covered	C	0%	0%	0%	9	9	9	9	9	9		Χ		
S9351	Hit cont antiemetic diem	Not Covered	Not Covered	C	0%	0%	0%	9	9	9	9	9	9		Χ		
S9353	Hit cont insulin diem	Not Covered	Not Covered	C	0%	0%	0%	9	9	9	9	9	9		X		
S9355	Hit chelation diem	Not Covered	Not Covered	C	0%	0%	0%	9	9	9	9	9	9		Χ		
S9357	Hit enzyme replace diem	Not Covered	Not Covered	C	0%	0%	0%	9	9	9	9	9	9		Χ		
S9359	Hit anti-tnf per diem	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
S9361	Hit diuretic infus diem	Not Covered	Not Covered	C	0%	0%	0%	9	9	9	9	9	9		Χ		
S9363	Hit anti-spasmotic diem	Not Covered	Not Covered	C	0%	0%	0%	9	9	9	9	9	9		X		
S9364	Hit tpn total diem	Not Covered	Not Covered	C	0%		0%	9	9	9	9	9	9		Χ		
S9365	Hit tpn 1 liter diem	Not Covered	Not Covered	C	0%	0%	0%	9	9	9	9	9	9		Χ		
S9366	Hit tpn 2 liter diem	Not Covered	Not Covered	C	0%	0%	0%	9	9	9	9	9	9		X		
S9367	Hit tpn 3 liter diem	Not Covered	Not Covered	C	0%	0%	0%	9	9	9	9	9	9		Χ		
S9368	Hit tpn over 3l diem	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
S9370	Ht inj antiemetic diem	Not Covered	Not Covered	C	0%	0%	0%	9	9	9	9	9	9		Х		
S9372	Ht inj anticoag diem	Not Covered	Not Covered	C	0%	0%	0%	9	9	9	9	9	9		X		
S9373	Hit hydra total diem	Not Covered	Not Covered	C	0%	0%	0%	9	9	9	9	9	9		Χ		
S9374	Hit hydra 1 liter diem	Not Covered	Not Covered	C	0%	0%	0%	9	9	9	9	9	9		Х		
S9375	Hit hydra 2 liter diem	Not Covered	Not Covered	C	0%	0%	0%	9	9	9	9	9	9		Х		
S9376	Hit hydra 3 liter diem	Not Covered	Not Covered	C	0%	0%	0%	9	9	9	9	9	9		X		
S9377	Hit hydra over 3l diem	Not Covered	Not Covered	C	0%	0%	0%	9	9	9	9	9	9		X		
S9379	Hit noc per diem	Not Covered	Not Covered	C	0%	0%	0%	9	9	9	9	9	9		Х		
S9381	Hit high risk/escort	Not Covered	Not Covered	C	0%	0%	0%	9	9	9	9	9	9		Х		
S9401	Anticoag clinic per session	Not Covered	Not Covered	C	0%	0%	0%	9	9	9	9	9	9		X		
S9430	Pharmacy comp/disp serv	Not Covered	Not Covered	C	0%	0%	0%	9	9	9	9	9	9		X		
S9433	Medical food oral 100% nutr	Not Covered	Not Covered	C	0%	0%	0%	9	9	9	9	9	9		Χ		
S9434	Mod solid food suppl	Not Covered	Not Covered	C	0%	0%	0%	9	9	9	9	9	9		Χ		
S9435	Medical foods for inborn err	Not Covered	Not Covered	C	0%	0%	0%	9	9	9	9	9	9		X		
S9436	Lamaze class	Not Covered	Not Covered	C	0%	0%	0%	9	9	9	9	9	9		Χ		
S9437	Childbirth refresher class	Not Covered	Not Covered	C	0%	0%	0%	9	9	9	9	9	9		Χ		
S9438	Cesarean birth class	Not Covered	Not Covered	C	0%	0%	0%	9	9	9	9	9	9		Χ		
S9439	Vbac class	Not Covered	Not Covered	C	0%	0%	0%	9	9	9	9	9	9		X		
S9441	Asthma education	Not Covered	Not Covered	C	0%	0%	0%	9	9	9	9	9	9		X		
S9442	Birthing class	Not Covered	Not Covered	C	0%	0%	0%	9	9	9	9	9	9		Χ		
S9443	Lactation class	Not Covered	Not Covered	C	0%	0%	0%	9	9	9	9	9	9		Χ		<u> </u>
S9444	Parenting class	Not Covered	Not Covered	C	0%	0%	0%	9	9	9	9	9	9		X		
S9445	Pt education noc individ	\$42.50	\$42.50	C	0%	0%	0%	9	9	9	9	9	9		F		Υ
S9446	Pt education noc group	Not Covered	Not Covered	C	0%	0%	0%	9	9	9	9	9	9		Χ		
S9447	Infant safety class	Not Covered	Not Covered	C	0%	0%	0%	9	9	9	9	9	9		Χ		
S9449	Weight mgmt class	Not Covered	Not Covered	C	0%	0%	0%	9	9	9	9	9	9		X		
S9451	Exercise class	Not Covered	Not Covered	C	0%	0%	0%	9	9	9	9	9	9		X		



		DOLLAR	R VALUE				М	ODIFIERS	S								
HCPCS		NON-FACILITY	FACILITY			INTRA OP				BSI		CSI		ENDO			PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)	(26/TC)		(-50)	(-80)	(-62)			FSI	LIC REQ	AUTH
S9452	Nutrition class	Not Covered	Not Covered	0		0%	0%						,		X		
S9453	Smoking cessation class	Not Covered	Not Covered	0		0%	0%		9	9	9	9	9		Χ		
S9454	Stress mgmt class	Not Covered	Not Covered	0	0,0	0%	0%				9	9	9		X		
S9455	Diabetic management program,	Not Covered	Not Covered	0	0%	0%	0%						9		X		
S9460	Diabetic management program,	Not Covered	Not Covered	0	9,	0%	0%						9		X		
S9465	Diabetic management program,	Not Covered	Not Covered	0	0,0	0%	0%						9		Χ		
S9470	Nutritional counseling, diet	Not Covered	Not Covered	0	0%	0%	0%				9	9	9		X		
S9472	Cardiac rehabilitation progr	Not Covered	Not Covered	0	0%	0%	0%		_			9	9		X		
S9473	Pulmonary rehabilitation pro	Not Covered	Not Covered	0	0,0	0%	0%						, J		Χ		
S9474	Enterostomal therapy by a re	Not Covered	Not Covered	0		0%	0%						9		Χ		
S9475	Ambulatory setting substance	Not Covered	Not Covered	0	0%	0%	0%				9	9	9		X		
S9476	Vestibular rehab per diem	Not Covered	Not Covered	0	0%	0%	0%						9		X		
S9480	Intensive outpatient psychia	Not Covered	Not Covered	0	•	0%	0%					9	9		X		
S9482	Family stabilization 15 min	Not Covered	Not Covered	0		0%	0%					9	9		X		
S9484	Crisis intervention per hour	Not Covered	Not Covered	0	0%	0%	0%				9	9	9		X		
S9485	Crisis intervention mental h	Not Covered	Not Covered	0	0%	0%	0%		Ů		9	9	9		X		
S9490	Hit corticosteroid/diem	Not Covered	Not Covered	0	0,0	0%	0%						,		X		
S9494	Hit antibiotic total diem	Not Covered	Not Covered	0	0,0	0%	0%				9	9	9		Χ		
S9497	Hit antibiotic q3h diem	Not Covered	Not Covered	0	0,0	0%	0%						9		X		
S9500	Hit antibiotic q24h diem	Not Covered	Not Covered	0	0%	0%	0%						9		X		
S9501	Hit antibiotic q12h diem	Not Covered	Not Covered	0	0%	0%	0%						9		X		
S9502	Hit antibiotic q8h diem	Not Covered	Not Covered	0		0%	0%								Χ		
S9503	Hit antibiotic q6h diem	Not Covered	Not Covered	0	0%	0%	0%				9	9	9		X		
S9504	Hit antibiotic q4h diem	Not Covered	Not Covered	0	0%	0%	0%		Ů		Ŭ		9		X		
S9529	Venipuncture home/snf	Not Covered	Not Covered	0	0,0	0%	0%						,		X		
S9537	Ht hem horm inj diem	Not Covered	Not Covered	0	0%	0%	0%						9		X		
S9538	Hit blood products diem	Not Covered	Not Covered	0	0%	0%	0%					_	9		X		
S9542	Ht inj noc per diem	Not Covered	Not Covered	0	0%	0%	0%						9		X		
S9558	Ht inj growth horm diem	Not Covered	Not Covered	0	0,0	0%	0%						9		X		
S9559	Hit inj interferon diem	Not Covered	Not Covered	0	0,0	0%	0%					_			Χ		
S9560	Ht inj hormone diem	Not Covered	Not Covered	0	0%	0%	0%					_	9		X		
S9562	Ht inj palivizumab diem	Not Covered	Not Covered	0	0%	0%	0%						9		X		
S9590	Ht irrigation diem	Not Covered	Not Covered	0											X		
S9810	Ht pharm per hour	Not Covered	Not Covered	0			0%					_	,		Χ		
S9900	Christian sci pract visit	Not Covered	Not Covered	0	0,0	0%	0%						9		X		
S9901	Christian sci nurse visit	Not Covered	Not Covered	0	0 7 0	0%	0%					_	9		X		
S9960	Air ambulanc nonemerg fixed	Not Covered	Not Covered	0	• , •	0%	0%						9		X		4
S9961	Air ambulan nonemerg rotary	Not Covered	Not Covered	0		0%	0%						<u> </u>		X		
S9970	Health club membership yr	Not Covered	Not Covered	0	0,0	0%	0%					_	9		X		
S9975	Transplant related per diem	Not Covered	Not Covered	0	0,0	0%	0%					_	9		X		
S9976	Lodging per diem	Not Covered	Not Covered	0		0%	0%						9		X		4
S9977	Meals per diem	Not Covered	Not Covered	0		0%	0%						9		X		
S9981	Med record copy admin	\$27.52	\$27.52	0		0%	0%								F		
S9982	Med record copy per page	\$0.55	\$0.55	0	0%	0%	0%	9	9	9	9	9	9		F		



		DOLLAF	R VALUE				М	ODIFIERS									
HCPCS		NON-FACILITY	FACILITY			INTRA OP							TSI	ENDO			PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)	(26/TC)	(-51)	(-50)	(-80)	(-62)	(-66)	BASE	FSI	LIC REQ	AUTH
S9986	Not medically necessary svc	Not Covered	Not Covered	C	0%	0%	0%	9	9	9	9	9	9		Χ		
S9988	Serv part of phase i trial	Not Covered	Not Covered	C	0,0	0%	0%	9	9	9	9	9	9		Χ		
S9989	Services outside us	Not Covered	Not Covered	C	0%	0%	0%	9	9	9	9	9	9		X		
S9990	Services provided as part of	Not Covered	Not Covered	C	0%	0%	0%	9	9	9	9	9	9		Χ		
S9991	Services provided as part of	Not Covered	Not Covered	C	0%	0%	0%	9	9	9	9	9	9		Χ		
S9992	Transportation costs to and	Not Covered	Not Covered	C	0%	0%	0%	9	9	9	9	9	9		Χ		
S9994	Lodging costs (e.g. hotel ch	Not Covered	Not Covered	C	0%	0%	0%	9	9	9	9	9	9		Χ		
S9996	Meals for clinical trial par	Not Covered	Not Covered	C	0%	0%	0%	9	9	9	9	9	9		Χ		
S9999	Sales tax	Not Covered	Not Covered	C	0%	0%	0%	9	9	9	9	9	9		Χ		
T1000	Private duty/independent nsg	Not Covered	Not Covered	C	0%	0%	0%	9	9	9	9	9	9		Χ		
T1001	Nursing assessment/evaluatn	Not Covered	Not Covered	C	0%	0%	0%	9	9	9	9	9	9		X		
T1002	Rn services up to 15 minutes	Not Covered	Not Covered	C	0%	0%	0%	9		9	9	9	9		Χ		
T1003	Lpn/Ivn services up to 15min	Not Covered	Not Covered	C	0,0	0%	0%	9	9	9	9	9	9		Χ		<u> </u>
T1004	Nsg aide service up to 15min	Not Covered	Not Covered	C	0%	0%	0%	9	9	9	9	9	9		Χ		
T1005	Respite care service 15 min	Not Covered	Not Covered	C	0%	0%	0%	9	9	9	9	9	9		Χ		
T1006	Family/couple counseling	Not Covered	Not Covered	C	0%	0%	0%	9	9	9	9	9	9		Χ		
T1007	Treatment plan development	Not Covered	Not Covered	C	0%	0%	0%	9	9	9	9	9	9		Χ		
T1009	Child sitting services	Not Covered	Not Covered	C	0%	0%	0%	9	9	9	9	9	9		Χ		
T1010	Meals when receive services	Not Covered	Not Covered	C	0%	0%	0%	9	9	9	9	9	9		Χ		
T1012	Alcohol/substance abuse skil	Not Covered	Not Covered	C	0%	0%	0%	9	9	9	9	9	9		Χ		
T1013	Sign lang/oral interpreter	Not Covered	Not Covered	C	0%	0%	0%	9	9	9	9	9	9		Χ		
T1014	Telehealth transmit, per min	Not Covered	Not Covered	C	0%	0%	0%	9	9	9	9	9	9		Χ		
T1015	Clinic service	By Report	By Report	C	0%	0%	0%	9	9	9	9	9	9		N		
T1016	Case management	Not Covered	Not Covered	C	0%	0%	0%	9	9	9	9	9	9		Χ		
T1017	Targeted case management	Not Covered	Not Covered	0	0%	0%	0%	9			9	9	9		Χ		
T1018	School-based iep ser bundled	Not Covered	Not Covered	C	0%	0%	0%	9	9	9	9	9	9		Χ		
T1019	Personal care ser per 15 min	Not Covered	Not Covered	C	0%	0%	0%	9	9	9	9	9	9		X		
T1020	Personal care ser per diem	Not Covered	Not Covered	C	0%	0%	0%	9		-	Ü	-	9		X		
T1021	Hh aide or cn aide per visit	Not Covered	Not Covered	0	- , ,	0%	0%	9					9		Χ		
T1022	Contracted services per day	Not Covered	Not Covered	C		0%	0%	9	9	9	9	9	9		Χ		
T1023	Program intake assessment	Not Covered	Not Covered	C	0%	0%	0%	9	9	9	9	9	9		X		
T1024	Team evaluation & management	Not Covered	Not Covered	C	0%	0%	0%	9	,	•	9		9		X		
T1025	Ped compr care pkg, per diem	Not Covered	Not Covered	C			0%								Х		
T1026	Ped compr care pkg, per hour	Not Covered	Not Covered	0			0%				9	9	9		Χ		<u> </u>
T1027	Family training & counseling	Not Covered	Not Covered	C	0%	0%	0%	9					9		X		
T1028	Home environment assessment	Not Covered	Not Covered	C	0%	0%	0%	9			-		9		X		
T1029	Dwelling lead investigation	Not Covered	Not Covered	C			0%						9		X		
T1030	Rn home care per diem	Not Covered	Not Covered	C			0%				9	9	9		Х		
T1031	Lpn home care per diem	Not Covered	Not Covered	C	0%	0%	0%				_		_		X		
T1040	Comm bh clinic svc per diem	Not Covered	Not Covered	C	0,0	0%	0%						9		X		
T1041	Comm bh clinic svc per month	Not Covered	Not Covered	C			0%								X		
T1502	Medication admin visit	Not Covered	Not Covered	C			0%						9		Х		
T1503	Med admin, not oral/inject	Not Covered	Not Covered	C	0%	0%	0%		9	9			9		X		
T1505	Elec med comp dev, noc	Not Covered	Not Covered	C	0%	0%	0%	9	9	9	9	9	9		X		



		DOLLA	R VALUE					ODIFIERS									
HCPCS	455551//4TES 550505TON	NON-FACILITY	FACILITY			INTRA OP						CSI	TSI	ENDO	<b>50</b> /	550	PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)							BASE	FSI	LIC REQ	AUTH
T1999	Noc retail items and supplies	Not Covered	Not Covered	0		0%	0%								X		
T2001	N-et; patient attend/escort	Not Covered	Not Covered	0		0%	0%			9	9	9	9		Χ		
T2002	N-et; per diem	Not Covered	Not Covered	0	0%	0%	0%			9	9	9	9	)	X		
T2003	N-et; encounter/trip	Not Covered	Not Covered	0	0%	0%	0%	9			_		9	)	X		
T2004	N-et; commerc carrier pass	Not Covered	Not Covered	0	0%	0%	0%				_		9		X		
T2005	N-et; stretcher van	Not Covered	Not Covered	0		0%	0%						9	)	Χ		
T2007	Non-emer transport wait time	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	)	X		
T2010	Pasrr level i	Not Covered	Not Covered	0	0%	0%	0%	9			U		9	)	X		
T2011	Pasrr level ii	Not Covered	Not Covered	0	0,0	0%	0%				9	9	9		Χ		
T2012	Habil ed waiver, per diem	Not Covered	Not Covered	0	0%	0%	0%				9	9	9	)	Χ		
T2013	Habil ed waiver per hour	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
T2014	Habil prevoc waiver, per d	Not Covered	Not Covered	0	0%	0%	0%	9		9	Ū		9		X		
T2015	Habil prevoc waiver per hr	Not Covered	Not Covered	0	0%	0%	0%						_		X		
T2016	Habil res waiver per diem	Not Covered	Not Covered	0		0%	0%	9	9	9	9	9	9		Χ		
T2017	Habil res waiver 15 min	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
T2018	Habil sup empl waiver/diem	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
T2019	Habil sup empl waiver 15min	Not Covered	Not Covered	0	0%	0%	0%		9	9	9	9	9		Χ		
T2020	Day habil waiver per diem	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
T2021	Day habil waiver per 15 min	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
T2022	Case management, per month	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
T2023	Targeted case mgmt per month	Not Covered	Not Covered	0		0%	0%		9	9	9	9	9		X		
T2024	Serv asmnt/care plan waiver	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
T2025	Waiver service, nos	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
T2026	Special childcare waiver/d	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
T2027	Spec childcare waiver 15 min	Not Covered	Not Covered	0	0%	0%	0%		9	9	9	9	9		Χ		
T2028	Special supply, nos waiver	Not Covered	Not Covered	0	0%	0%	0%		9	9	9	9	9		Χ		
T2029	Special med equip, noswaiver	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
T2030	Assist living waiver/month	Not Covered	Not Covered	0	0%	0%	0%		9	9	9	9	9		Χ		
T2031	Assist living waiver/diem	Not Covered	Not Covered	0	0%	0%	0%				9	9	9		Χ		
T2032	Res care, nos waiver/month	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
T2033	Res, nos waiver per diem	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
T2034	Crisis interven waiver/diem	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
T2035	Utility services waiver	Not Covered	Not Covered	0			0%	9					9		Χ		
T2036	Camp overnite waiver/session	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
T2037	Camp day waiver/session	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
T2038	Comm trans waiver/service	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
T2039	Vehicle mod waiver/service	Not Covered	Not Covered	0			0%						9		Χ		<u> </u>
T2040	Financial mgt waiver/15min	Not Covered	Not Covered	0	0%		0%		9	9	9	9	9		Χ		<u> </u>
T2041	Support broker waiver/15 min	Not Covered	Not Covered	0	0%	0%	0%		9	9	9	9	9		X		
T2042	Hospice routine home care	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
T2043	Hospice continuous home care	Not Covered	Not Covered	0			0%						9		Χ		<u> </u>
T2044	Hospice respite care	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		<u> </u>
T2045	Hospice general care	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
T2046	Hospice long term care, r&b	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		



		DOLLA	R VALUE				М	ODIFIERS	6								
HCPCS		NON-FACILITY	FACILITY			INTRA OP			MSI					ENDO			PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)	(26/TC)	(-51)	(-50)	(-80)	(-62)	(-66)	BASE	FSI	LIC REQ	AUTH
T2048	Bh ltc res r&b, per diem	Not Covered	Not Covered	0	- , -	0%	0%						,		X		
T2049	N-et; stretcher van, mileage	Not Covered	Not Covered	0		0%	0%						9		X		
T2101	Breast milk proc/store/dist	Not Covered	Not Covered	0	0%	0%	0%				9		9		X		
T4521	Adult size brief/diaper sm	Bundled	Bundled	0	0%	0%	0%						9		В		
T4522	Adult size brief/diaper med	Bundled	Bundled	0	- , ,	0%	0%				9	9	9		В		<u> </u>
T4523	Adult size brief/diaper lg	Bundled	Bundled	0	0,0	0%	0%		9	9	9	9	9		В		
T4524	Adult size brief/diaper xl	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		В		
T4525	Adult size pull-on sm	Bundled	Bundled	0	0%	0%	0%		9		9	9	9		В		
T4526	Adult size pull-on med	Bundled	Bundled	0	0%	0%	0%				9	9	9		В		
T4527	Adult size pull-on lg	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		В		
T4528	Adult size pull-on xl	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		В		
T4529	Ped size brief/diaper sm/med	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
T4530	Ped size brief/diaper Ig	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
T4531	Ped size pull-on sm/med	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		<u> </u>
T4532	Ped size pull-on Ig	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
T4533	Youth size brief/diaper	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		В		
T4534	Youth size pull-on	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		В		<u> </u>
T4535	Disposable liner/shield/pad	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		В		
T4536	Reusable pull-on any size	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		В		
T4537	Reusable underpad bed size	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		В		
T4538	Diaper serv reusable diaper	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
T4539	Reuse diaper/brief any size	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		В		
T4540	Reusable underpad chair size	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		В		
T4541	Large disposable underpad	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		В		
T4542	Small disposable underpad	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		В		
T4543	Adult disp brief/diap abv xl	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		<u> </u>
T4544	<u> </u>	Bundled	Bundled	0	0%	0%	0%				9	9	9		В		
T4545	Incon disposable penile wrap	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		В		
T5001	Position seat spec orth need	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
T5999	Supply, nos	Not Covered	Not Covered	0	0%	0%	0%		9	9	9	9	9		Χ		
U0001	2019-ncov diagnostic p	\$36.97	\$36.97	0	0%	0%	0%					_	9		F		
U0002	Covid-19 lab test non-cdc	\$52.83	\$52.83	0	0%	0%	0%		_		9	9	9		F		
U0003	SARS-COV-2 DNA/RNA HIGH TH	·	\$102.96	0			0%				9	9	9		F		
U0004	2019-NCOV ANY TECHNIQUE HI		\$102.96	0			0%								F		
V0028	Travel, vocational services, claima		State Rate	0		0%	0%						_		S		
V0028	Travel, vocational services, claima		State Rate	0		0%	0%						_		S		
V2020	Vision svcs frames purchases	By Report	By Report	0			0%					_			N		Υ
V2025	Eyeglasses delux frames	By Report	By Report	0		0%	0%						_		N		Y
V2100	Lens spher single plano 4.00	By Report	By Report	0	0%	0%	0%						9		N		Υ
V2101	Single visn sphere 4.12-7.00	By Report	By Report	0	0%	0%	0%					_	9		N		Y
V2102	Singl visn sphere 7.12-20.00	By Report	By Report	0		0%	0%					_	9		N		Y
V2103	Spherocylindr 4.00d/12-2.00d	By Report	By Report	0		0%	0%						9		N		Ϋ́
V2104	Spherocylindr 4.00d/2.12-4d	By Report	By Report	0		0%	0%								N		Υ
V2105	Spherocylinder 4.00d/4.25-6d	By Report	By Report	0		0%									N		Y



		DOLLA	R VALUE					ODIFIERS									
HCPCS CODE	APPREVIATED DESCRIPTION	NON-FACILITY	FACILITY	_		_						CSI	TSI	ENDO	ECI	LIC REQ	PRIOR
	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)						•	BASE	FSI	LIC REQ	AUTH
V2106	Spherocylinder 4.00d/>6.00d	By Report	By Report	0		0%	0%								N		Υ
V2107	Spherocylinder 4.25d/12-2d	By Report	By Report	0		0%	0%		_						N		Υ
V2108	Spherocylinder 4.25d/2.12-4d	By Report	By Report	0	0%	0%	0%	9							N		Υ
V2109	Spherocylinder 4.25d/4.25-6d	By Report	By Report	0	0%	0%	0%	9			_		9		N		Υ
V2110	Spherocylinder 4.25d/over 6d	By Report	By Report	0	0%	0%	0%				_		9		N		Υ
V2111	Spherocylindr 7.25d/.25-2.25	By Report	By Report	0	0,0	0%	0%						9		N		Υ
V2112	Spherocylindr 7.25d/2.25-4d	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
V2113	Spherocylindr 7.25d/4.25-6d	By Report	By Report	0	0%	0%	0%	9			U		9		N		Υ
V2114	Spherocylinder over 12.00d	By Report	By Report	0	0,0	0%	0%			9	9	9	9		N		Υ
V2115	Lens lenticular bifocal	By Report	By Report	0	0%	0%	0%			9	9	9	9		N		Υ
V2118	Lens aniseikonic single	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
V2121	Lenticular lens, single	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
V2199	Lens single vision not oth c	By Report	By Report	0		0%	0%						9		N		Y
V2200	Lens spher bifoc plano 4.00d	By Report	By Report	0		0%	0%	9	9	9	9	9	9		N		Υ
V2201	Lens sphere bifocal 4.12-7.0	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
V2202	Lens sphere bifocal 7.12-20.	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
V2203	Lens sphcyl bifocal 4.00d/.1	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
V2204	Lens sphcy bifocal 4.00d/2.1	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	)	N		Υ
V2205	Lens sphcy bifocal 4.00d/4.2	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
V2206	Lens sphcy bifocal 4.00d/ove	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
V2207	Lens sphcy bifocal 4.25-7d/.	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
V2208	Lens sphcy bifocal 4.25-7/2.	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
V2209	Lens sphcy bifocal 4.25-7/4.	By Report	By Report	0	0%	0%	0%	9			9	9	9	)	N		Υ
V2210	Lens sphcy bifocal 4.25-7/ov	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
V2211	Lens sphcy bifo 7.25-12/.25-	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
V2212	Lens sphcyl bifo 7.25-12/2.2	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
V2213	Lens sphcyl bifo 7.25-12/4.2	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
V2214	Lens sphcyl bifocal over 12.	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
V2215	Lens lenticular bifocal	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	1	N		Υ
V2218	Lens aniseikonic bifocal	By Report	By Report	0		0%	0%			9			9		N		Υ
V2219	Lens bifocal seg width over	By Report	By Report	0	0%	0%	0%	9		9					N		Υ
V2220	Lens bifocal add over 3.25d	By Report	By Report	0	0%	0%	0%			9	_		9		N		Υ
V2221	Lenticular lens, bifocal	By Report	By Report	0			0%						9		N		
V2299	Lens bifocal speciality	By Report	By Report	0			0%								N		Υ
V2300	Lens sphere trifocal 4.00d	By Report	By Report	0	0%	0%	0%					_	9		N		Υ
V2301	Lens sphere trifocal 4.12-7.	By Report	By Report	0	0%	0%	0%						9		N		Y
V2302	Lens sphere trifocal 7.12-20	By Report	By Report	0			0%						_		N		Y
V2303	Lens sphcy trifocal 4.0/.12-	By Report	By Report	0			0%								N		Y
V2304	Lens sphcy trifocal 4.0/2.25	By Report	By Report	0	0%	0%	0%				_		_		N		Y
V2305	Lens sphcy trifocal 4.0/4.25	By Report	By Report	0	0%	0%	0%						, i		N		Y
V2306	Lens sphcyl trifocal 4.00/>6	By Report	By Report	0			0%						_		N		Y
V2307	Lens sphcy trifocal 4.25-7/.	By Report	By Report	0			0%								N		Ϋ́
V2308	Lens sphc trifocal 4.25-7/2.	By Report	By Report	0	0%	0%	0%						_		N		V
V2308 V2309	Lens sphc trifocal 4.25-7/4.	By Report	By Report	0	0%	0%	0%						_		N		Y
V 2303	Lens spric unocal 4.25-1/4.	by ixepuit	by ixepuit	U	U /0	0 /0	070	9	9	9	9	9	9		IN		



		DOLLA	R VALUE					ODIFIERS									
HCPCS	ADDDEWATED DESCRIPTION	NON-FACILITY	FACILITY	_		_				BSI		CSI	_	ENDO	<b>F</b> C1	LIC DEO	PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)	(26/TC)							FSI	LIC REQ	AUTH
V2310	Lens sphc trifocal 4.25-7/>6	By Report	By Report	0		0%	0%						Ŭ		N		Υ
V2311	Lens sphc trifo 7.25-12/.25-	By Report	By Report	0		0%	0%	9							N		Υ
V2312	Lens sphc trifo 7.25-12/2.25	By Report	By Report	0	0%	0%	0%	9					_		N		Υ
V2313	Lens sphc trifo 7.25-12/4.25	By Report	By Report	0	0%	0%	0%	9			Ū		J		N		Υ
V2314	Lens sphcyl trifocal over 12	By Report	By Report	0	0%	0%	0%						_		N		Υ
V2315	Lens lenticular trifocal	By Report	By Report	0		0%	0%						Ŭ		N		Υ
V2318	Lens aniseikonic trifocal	By Report	By Report	0	0%	0%	0%	9			·		9		N		Υ
V2319	Lens trifocal seg width > 28	By Report	By Report	0	0%	0%	0%	9	9	_	O		9		N		Υ
V2320	Lens trifocal add over 3.25d	By Report	By Report	0	0%	0%	0%				_		9		N		Υ
V2321	Lenticular lens, trifocal	By Report	By Report	0	0,0	0%	0%	9					9		N		
V2399	Lens trifocal speciality	By Report	By Report	0	0%	0%	0%	9		9	<u> </u>		9		N		Υ
V2410	Lens variab asphericity sing	By Report	By Report	0	0%	0%	0%	9			Ŭ		9		N		Υ
V2430	Lens variable asphericity bi	By Report	By Report	0	0%	0%	0%	9			_		9		N		Υ
V2499	Variable asphericity lens	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
V2500	Contact lens pmma spherical	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
V2501	Cntct lens pmma-toric/prism	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
V2502	Contact lens pmma bifocal	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
V2503	Cntct lens pmma color vision	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
V2510	Cntct gas permeable sphericl	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
V2511	Cntct toric prism ballast	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
V2512	Cntct lens gas permbl bifocl	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
V2513	Contact lens extended wear	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
V2520	Contact lens hydrophilic	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
V2521	Cntct lens hydrophilic toric	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
V2522	Cntct lens hydrophil bifocl	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
V2523	Cntct lens hydrophil extend	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
V2530	Contact lens gas impermeable	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
V2531	Contact lens gas permeable	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
V2599	Contact lens/es other type	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
V2600	Hand held low vision aids	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
V2610	Single lens spectacle mount	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
V2615	Telescop/othr compound lens	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
V2623	Plastic eye prosth custom	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
V2624	Polishing artifical eye	By Report	By Report	0	0%	0%	0%	9			9	9	9		N		
V2625	Enlargemnt of eye prosthesis	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
V2626	Reduction of eye prosthesis	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
V2627	Scleral cover shell	By Report	By Report	0			0%						9		N		
V2628	Fabrication & fitting	By Report	By Report	0			0%						9		N		
V2629	Prosthetic eye other type	By Report	By Report	0	0%	0%	0%				_		9		N		
V2630	Anter chamber intraocul lens	\$122.31	\$122.31	0	0%	0%	0%			_			9		F		
V2631	Iris support intraoclr lens	\$122.31	\$122.31	0			0%		9	9			9		F		
V2632	Post chmbr intraocular lens	\$122.31	\$122.31	0			0%						_		F		
V2700	Balance lens	By Report	By Report	0	0%	0%	0%								N		
V2702	Deluxe lens feature	By Report	By Report	0	0%	0%	0%						_		N		



		DOLLA	R VALUE					ODIFIERS									
HCPCS	ADDDEWATED DECORIDATION	NON-FACILITY	FACILITY	_		_						CSI	TSI	ENDO	<b>50</b> 1		PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)							BASE	FSI	LIC REQ	AUTH
V2710	Glass/plastic slab off prism	By Report	By Report	0		0%	0%								N		
V2715	Prism lens/es	By Report	By Report	0	0%	0%	0%		9	9	9	9	9		N		
V2718	Fresnell prism press-on lens	By Report	By Report	0	0%	0%	0%			9	9	9	9	)	N		
V2730	Special base curve	By Report	By Report	0	0%	0%	0%	9		9	_		9		N		
V2744	Tint photochromatic lens/es	By Report	By Report	0	0%	0%	0%			9	_		9		N		
V2745	Tint, any color/solid/grad	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		Ν		
V2750	Anti-reflective coating	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
V2755	Uv lens/es	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
V2756	Eye glass case	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
V2760	Scratch resistant coating	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
V2761	Mirror coating	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	)	N		
V2762	Polarization, any lens	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	)	N		
V2770	Occluder lens/es	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	)	N		
V2780	Oversize lens/es	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
V2781	Progressive lens per lens	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	)	N		
V2782	Lens, 1.54-1.65 p/1.60-1.79g	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	)	N		
V2783	Lens, >= 1.66 p/>=1.80 g	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
V2784	Lens polycarb or equal	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
V2785	Corneal tissue processing	By Report	By Report	0	0%	0%	0%	9				_	9	)	N		
V2786	Occupational multifocal lens	By Report	By Report	0	0%	0%	0%	9		9			9	)	N		
V2787	Astigmatism-correct function	By Report	By Report	0	0%	0%	0%						9	)	N		Υ
V2788	Presbyopia-correct function	Not Covered	Not Covered	0	0%	0%	0%						9		X		
V2790	Amniotic membrane	By Report	By Report	0	0%	0%	0%	9							N		
V2797	Vis item/svc in other code	By Report	By Report	0	0%	0%	0%	9				_	9		N		
V2799	Misc vision item or service	By Report	By Report	0	0%	0%	0%	ŭ	•	9		•	9		N		Υ
V5008	Hearing screening	\$85.59	\$85.59	0	0%	0%	0%					_	9		F		Y
V5010	Assessment for hearing aid	Bundled	Bundled	0	0%	0%	0%	9					9	)	B		
V5011	Hearing aid fitting/checking	Bundled	Bundled	0	0%	0%	0%	9					Ť		В		
V5014	Hearing aid repair/modifying	\$57.06	\$57.06	0	0%	0%	0%						_		F		Υ
V5020	Conformity evaluation	Bundled	Bundled	0	0%	0%	0%			9				1	B		<del>  '</del>
V5030	Body-worn hearing aid air	By Report	By Report	0	0%	0%	0%	9		9	_		9		N		Υ
V5040	Body-worn hearing aid bone	By Report	By Report	0	0%	0%	0%			Ŭ	_		9		N		· V
V5050	Hearing aid monaural in ear	By Report	By Report	0			0%						_		N		Y
V5060	Behind ear hearing aid	By Report	By Report	0			0%						_		N		Υ
V5070	Glasses air conduction	By Report	By Report	0	0%	0%	0%		_				_		N		\ <u>\</u>
V5080	Glasses bone conduction	By Report	By Report	0	0%	0%	0%						0		N		Y
				0			0%						9				<u>'</u>
V5090 V5095	Hearing aid dispensing fee	Not Covered	Not Covered	0			0%								X X		<del>                                     </del>
	Implant mid ear hearing pros	Not Covered	Not Covered	0	0%	0%	0%								N N		V
V5100	Body-worn bilat hearing aid	By Report	By Report	0								_	Ť				1
V5110	Hearing aid dispensing fee	Not Covered	Not Covered	0	0%	0%	0%						_	•	X		V
V5120	Body-worn binaur hearing aid	By Report	By Report	0			0%						_		N		Y
V5130	In ear binaural hearing aid	By Report	By Report	0			0%								N		Υ
V5140	Behind ear binaur hearing ai	By Report	By Report	0	0%	0%	0%								N		Y
V5150	Glasses binaural hearing aid	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ



		DOLLAI	R VALUE					ODIFIERS									
HCPCS		NON-FACILITY	FACILITY			INTRA OP							TSI	ENDO	<b>-0</b> .		PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)	(26/TC)							FSI	LIC REQ	AUTH
V5160	Dispensing fee binaural	\$1,620.54	\$1,620.54	0	0%	0%	0%	9	9		9	_	9		F		Y
V5171	Hearing aid monaural ite	By Report	By Report	0	0%	0%	0%	9	9		9		9		N		Υ
V5172	Hearing aid monaural itc	By Report	By Report	0	0%	0%	0%	9	9		9		9		N		Υ
V5181	Hearing aid monaural bte	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Y
V5190	Hearing aid monaural glasses	By Report	By Report	0	0%	0%	0%	9	9		9		9		N F		Y
V5200 V5211	Disp fee contralateral monau	\$971.31 By Report	\$971.31	0	0% 0%	0% 0%	0% 0%	9	9		9	9	9		r N		Y
V5211 V5212	Hearing aid binaural ite/ite Hearing aid binaural ite/itc	By Report	By Report By Report	0	0%	0%	0%	9	9	9	9	9	9		N		V
V5212 V5213	Hearing aid binaural ite/ite	By Report	By Report	0	0%	0%	0%		9	)	9		9 Q		N		Y
V5213	Hearing aid binaural itc/itc	By Report	By Report	0	0%	0%	0%	9	9		9		a		N		T V
V5215	Hearing aid binaural itc/itc	By Report	By Report	0	0%	0%	0%	9	9		9	9	9		N		Y
V5210 V5221	Hearing aid binaural bte/bte	By Report	By Report	0	0%	0%	0%	9	9		9	9	9		N		Y
V5230	Hearing aid binaural glasses	By Report	By Report	0	0%	0%	0%	9	9		9	9	9		N		Y
V5240	Disp fee contralateral binau	\$971.31	\$971.31	0	0%	0%	0%		9		9		9		F		Y
V5241	Dispensing fee, monaural	\$810.27	\$810.27	0	0%	0%	0%	9	9	9	9	9	9		F		Υ
V5242	Hearing aid, monaural, cic	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
V5243	Hearing aid, monaural, itc	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		Ν		Υ
V5244	Hearing aid, prog, mon, cic	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
V5245	Hearing aid, prog, mon, itc	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
V5246	Hearing aid, prog, mon, ite	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
V5247	Hearing aid, prog, mon, bte	By Report	By Report	0	0%	0%	0%	9	9		9		9		N		Υ
V5248	Hearing aid, binaural, cic	By Report	By Report	0	0%	0%	0%	9	9		9	9	9		N		Υ
V5249	Hearing aid, binaural, itc	By Report	By Report	0	0%	0%	0%	9	9	,	9	9	9		N		Υ
V5250	Hearing aid, prog, bin, cic	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		Υ
V5251	Hearing aid, prog, bin, itc	By Report	By Report	0	0%	0%	0%		9		9		9		N		Υ
V5252	Hearing aid, prog, bin, ite	By Report	By Report	0	0%	0%	0%	9	0		9		9		N		Υ
V5253	Hearing aid, prog, bin, bte	By Report	By Report	0	0%	0%	0%	9	9		9	9	9		N		Y
V5254	Hearing id, digit, mon, cic	By Report	By Report	0	0% 0%	0% 0%	0% 0%	9	9 9	,	9 9	9	9		N N		Y
V5255 V5256	Hearing aid, digit, mon, itc	By Report	By Report	0	0%	0%	0%		9		9		9		N N		Y
V5257	Hearing aid, digit, mon, ite  Hearing aid, digit, mon, bte	By Report  By Report	By Report By Report	0	0%	0%	0%	9	9		9	9	9		N		V
V5257	Hearing aid, digit, mon, bte	By Report	By Report	0	0%	0%	0%	9	9	a	9	9	9		N		V
V5259	Hearing aid, digit, bin, itc	By Report	By Report	0	0%		0%	-	9	5	_	9	_		N		Y
V5260	Hearing aid, digit, bin, ite	By Report	By Report	0	0%	0%	0%		9				9		N		Ϋ́
V5261	Hearing aid, digit, bin, bte	By Report	By Report	0	0%	0%	0%	9	9				9		N		Υ
V5262	Hearing aid, disp, monaural	Not Covered	Not Covered	0	0%	0%	0%	9	9		9		9		X		<del> </del>
V5263	Hearing aid, disp, binaural	Not Covered	Not Covered	0	0%	0%	0%		9				9		X		
V5264	Ear mold/insert	By Report	By Report	0	0%	0%	0%		9						N		Υ
V5265	Ear mold/insert, disp	Not Covered	Not Covered	0	0%	0%	0%		9				9		X		
V5266	Battery for hearing device	\$1.00	\$1.00	0	0%	0%	0%		9	9	9	9	9		F		
V5267	Hearing aid sup/access/dev	By Report	By Report	0	0%	0%	0%		9	9	9	9	9		Z		Υ
V5268	Ald telephone amplifier	Not Covered	Not Covered	0	0%	0%	0%		9	9	9	9	9		Χ		
V5269	Alerting device, any type	Not Covered	Not Covered	0	0%	0%	0%		9				9		X		
V5270	Ald, tv amplifier, any type	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		



		DOLLAI	R VALUE				М	ODIFIERS	3								$\overline{}$
HCPCS		NON-FACILITY	FACILITY		_	_	POST OP	PCTC	MSI	BSI	ASI	CSI	_	ENDO			PRIOR
CODE	ABBREVIATED DESCRIPTION	SETTING	SETTING	UP	(-56)	(-54)	(-55)	(26/TC)	(-51)	(-50)	(-80)	(-62)	(-66)	BASE	FSI	LIC REQ	AUTH
V5271	Ald, tv caption decoder	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
V5272	Tdd	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
V5273	Ald for cochlear implant	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
V5274	Ald unspecified	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
V5275	Ear impression	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
V5281	Ald fm/dm system, monaural	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
V5282	Ald fm/dm system binaural	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
V5283	Ald neck, loop ind receiver	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
V5284	Ald fm/dm ear level receiver	Not Covered	Not Covered	0	0%	0%	0%		9	9	9	9	9		Χ		
V5285	Ald fm/dm aud input receiver	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
V5286	Ald blu tooth fm/dm receiver	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
V5287	Ald fm/dm receiver, nos	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
V5288	Ald fm/dm transmitter ald	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
V5289	Ald fm/dm adapt/boot couplin	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
V5290	Ald transmitter microphone	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
V5298	Hearing aid noc	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		Χ		
V5299	Hearing service	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		Χ		
V5336	Repair communication device	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
V5362	Speech screening	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
V5363	Language screening	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
V5364	Dysphagia screening	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		